

# Indiana Department of Revenue



Information Handbook

Motor Carrier Services Division's (MCSD) One Stop Shop offers our customers, the motor carrier industry, a variety of conveniences in conducting their business with the State of Indiana. The following options illustrate how the motor carrier can submit applications, transactions, permits, and filings for processing by MCSD:

**Mail:** The customer mails the necessary documents to the appropriate unit for processing within the One Stop Shop.

The following address is the physical location of the Motor Carrier Services Division; please return mail in any self-addressed envelope provided by MCSD.

Motor Carrier Services Division  
**ATTN:**  
5252 Decatur Boulevard, Suite R  
Indianapolis, IN 46241

Please designate the appropriate Unit on the attention line (**ATTN:**) when using the address shown above. Some examples: IRP, IFTA/MF, SSRS, OS/OW Permits, etc.

**Customer Service Center:** The customer personally submits the necessary documents to a One Stop Shop professional team member for processing in our facility.

The Customer Service Center is located at the physical address shown above. The Center is located approximately 2 miles southwest of I465 on SR67 in the Ameriplex.

Hours are 8:15AM through 4:45PM Monday through Friday excluding Holidays\*.

**Facsimile:** The customer faxes the necessary documents to the appropriate Unit within the One Stop Shop. All Unit telephone and fax numbers are shown below.

**Credentials:** Credentials will be mailed by Motor Carrier Services, however the customer can designate one of the following options:

A delivery service (at customer expense);

OR

"Pick-up" in the One Stop Shop facility.

Faxing of credentials is permissible for specific Units, please refer to the appropriate Unit's informational handbook for the availability of this option.

Forth coming is the customer processing their application and/or obtaining credentials or permits via the Internet. The customer will have the ability to conduct business with Motor Carrier Services at any time from anywhere. Currently in development are the IRP transactions. Upon conclusion of the testing phase, Motor Carrier Services will inform its customer base of the availability date.

One Stop Shop forms may be downloaded by accessing the Motor Carrier Services Division's web page located at [www.state.in.us/dor](http://www.state.in.us/dor) or by fax through **Indiana Tax Fax** at (317) 233-2329.

Motor Carrier Services welcomes any questions or comments. The customer can contact the appropriate Unit at the telephone or fax numbers shown below:

<u>Unit</u>	<u>Telephone</u>	<u>Fax</u>
Accounting	(317) 615-7232	(317) 615-7388
Commercial Drivers License	(317) 615-7335	(317) 821-2340/2341
DOT Physicals	(317) 615-7433	(317) 821-2340/2341
IFTA/Motor Fuel	(317) 615-7345	(317) 821-2337
IRP	(317) 615-7340	(317) 821-2335

<u>Unit</u>	<u>Telephone</u>	<u>Fax</u>
Oversize/Overweight	(317) 615-7320	(317) 821-2336
Oversize/Overweight Insurance	(317) 615-7349	(317) 821-2339
Safety and Insurance	(317) 615-7350	(317) 821-2339
Super Loads	(317) 615-7325	(317) 821-2336
Titles	(317) 615-7330	(317) 821-2335
Voice Response Unit	(317) 615-7433	N/A

\* The Department of Revenue will be closed in observance of the following:

New Year's Day	January 1, <b>2001</b>
Martin Luther King Day	January 15, 2001
Good Friday	April 13, 2001
Memorial Day	May 28, 2001
Independence Day	July 4, 2001
Labor Day	September 3, 2001
Columbus Day	October 8, 2001
Veterans Day	November 12, 2001
Primary Election Day	Non-election year
General Election Day	Non-election year
Thanksgiving Holidays	November 22, 2001
Lincoln's Birthday	November 23, 2001
Washington's Birthday	December 24, 2001
Christmas Holidays	December 25, 2001

If any due date falls on a day in which the Motor Carrier Services Division is closed (including weekends), then the due date defaults to the next available business day.

Additional Information:

Indiana State Police

Commercial Motor Vehicle Enforcement  
5252 Decatur Boulevard, Suite J  
Indianapolis, IN 46241  
(317) 615-7373  
(800) 523-2350  
Fax: (317) 821-2350  
web address: [www.state.in.us/isp/cmv](http://www.state.in.us/isp/cmv)

Federal Heavy Vehicle Use Tax

Internal Revenue Service  
PO Box 44211  
Stop 60 Group 11  
Indianapolis, IN 46244  
(800) 829-1040

Federal Office of Motor Carriers

(Federal Department of Transportation)  
575 N. Pennsylvania, Suite 261  
Indianapolis, IN 46204  
(317) 226-7474  
(317) 226-5006  
<http://www.safersys.org/snpquery.asp>

This publication is for informational purposes and is intended to provide nontechnical assistance to the public. Every attempt has been made to provide information that is consistent with the appropriate statutes, rules, and the International Registration Plan; however, the Indiana Code and the International Registration Plan should be consulted for specific concerns, or you should consult your tax attorney.

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# Implementation of Staggered Registration

## Staggered Registration Renewal Method

The Motor Carrier Services Division (MCSD), of the Indiana Department of Revenue, takes great pride in providing excellent customer service to Indiana's commercial motor vehicle industry. MCSD continues to search for the most efficient and viable means to serve the motor carrier industry while enhancing their ability to conduct business with the State of Indiana.

To raise our level of commitment to customer service, while accommodating an increase in Indiana's Registrant base, the IRP Unit will implement a monthly method of staggering fleet registrations for all IRP Registrants. The implementation month of staggered registration is January 2001. This method of renewing apportioned registrations is a change from the current method of renewing all fleet registrations in a single month.

Staggered registration offers Registrants the flexibility of selecting a different expiration month for each fleet. Registrants may also break a fleet into multiple fleets with each having a different expiration month. This flexibility affords Registrants more business decision control.

Staggered registration affords greater lead-time for Registrants to place the credentials in or on the apportioned vehicle.

Through adopting the monthly method of staggering fleet registrations, MCSD can effectively distribute transactions to be processed throughout the year, providing enhanced customer service to all Registrants.

Current fleet credentials will be renewed in the annual method as previous years, however, depending on the staggered registration month, Registrants may receive two (2) Billing Notices this renewal year. One Billing Notice (Transition Bill) is the time from April 1, 2001 to the staggered registration month in 2001. This Billing Notice must be paid on or before February 15, 2001. The renewed registration credentials will be valid from April 1, 2001 through the last day of your staggered registration month.

The second Billing Notice (Primary Bill) will be generated at the time of the Transition Bill. This Billing Notice is the time from the first day after your staggered registration month for the calendar year 2001 to the last day of your staggered registration month for the calendar year 2002. The payment due date for the second Billing Notice will be the fifteenth day in the month before your staggered registration month.

### **This billing process is only for the implementation of staggered registration.**

For the Registration Year 2002, you will receive only one Billing Notice for the twelve month period from the first day in the month *after* your staggered registration month to the *last day* in your staggered registration month the following year.

Using July 2001, below is an example of the implementation of staggered registration and subsequent years:

#### July 2001

- Registrants' Primary Billing Notice payment is due June 15<sup>th</sup> 2001
- renewed registration credentials are valid to July 31, 2002
- Registration Year 2002 renewal mailed, from the IRP Unit, to Registrants in mid-April 2002
- Registrants returns completed and verified renewal documents mid-May 2002
- IRP Unit validates and processes 2002 renewal and mails Registrants the renewal Billing Notice
- Registrants must submit the renewal Billing Notice payment on or before June 15, 2002
- IRP Unit produces and mails valid registration credentials in the first week of the registration month (July in this case) to Registrants
- non-renewed vehicle credentials or written refund requests are due in the IRP Unit on or before the 17<sup>th</sup> day in the month after your registration month (August 17<sup>th</sup> 2002 in this case)

After the implementation of staggered registration:

The Mileage Reporting Period **year** may vary according to the Registrant's registration month.

## International Registration Plan (IRP)

## IRP Registration Criteria

The period span of July 1, to June 30, will remain the same.

The due date for returning non-renewed apportioned license plates and cab cards, to the IRP Unit, is the 17<sup>th</sup> day in the month after your registration month. Using July as an example, the non-renewed apportioned license plate and cab card would be due in the IRP Unit on or before August 17<sup>th</sup> of the same calendar year.

The prorating of fees will take place on the first day in the month that is six months from the end of your registration month.

The Enforcement Date will be the first day in the month after your registration month.

Motor Carrier Services is in the process of developing a highly advanced computer system which will greatly enhance the IRP Unit's ability to foster this change with no interruption to the way you conduct your commercial motor vehicle business. Further more, the new computer system will stimulate the relationship Motor Carrier Services Division has with the motor carrier industry, the Commercial Vehicle Enforcement Division, and State and Federal government agencies.

### Understanding IRP

The International Registration Plan (IRP) is an agreement among member jurisdictions of the United States and Provinces of Canada that allows the proportional registration of fleets of vehicles. Its purpose is for the base member jurisdiction to issue one registration credential to each fleet vehicle, rather than the Registrant acquiring a single registration credential from each jurisdiction the vehicle travels. The registration credential allows both **Interstate** and **Intrastate** movement.

A Registrant registers in their base jurisdiction by providing the mileage of the fleet's operations and declaring the registered weight for each proportionally registered jurisdiction .

The base jurisdiction is responsible for calculating, billing, collecting and distributing the fees for each IRP jurisdictions in which the carrier registered.

Indiana IRP recommends contacting IRP jurisdictions regarding specific jurisdictional requirements. For a complete listing of IRP member jurisdictions please refer to pages 59-76.

### Established Indiana Place of Business

In order for initial IRP Registrants to qualify for Interstate operation under the International Registration Plan, your established place of business in Indiana must be verified. "Established Place of Business" is a physical structure owned, leased, or rented *by the Registrant*. A Post Office Box Number or a Rural Route Number is an unacceptable business address for IRP apportion registration. The business address **must** be a valid street address or an identifiable location in Indiana such as "on County Rd. 26 One Mile East of County Road 15."

The location of your established place of business must be designated by a street number or road location, it should be open during normal business hours, and it should be the place in which the following are located:

A telephone publicly listed in the name of the Registrant;

A person or persons conducting the Registrant's business; and

Where the operational records may be made available.

Further support of the Indiana established place of business may be required by the IRP Unit in the form of any two (2) of the following:

Proof of Indiana Excise Sales Tax paid or For Hire Carriers - a Retail Merchant's Certificate;

A copy of the Indiana Income Tax Return (IT-40);

## Exempt Vehicles

A copy of an Indiana Commercial Drivers License (CDL);

Indiana telephone bill in the name of the Registrant; or

Voter's Registration card.

All IRP Registrants are required to have an Indiana Commercial Drivers License (CDL).

**Note:** Owner-operators who work out of their home should use their home address as their established place of business. Any audit will be conducted at that location. In some instances, the records may be delivered from this location to an Indiana Department of Revenue office.

### Vehicle Registration Qualifications

Any business entity operating a qualifying vehicle should proportionally register that vehicle under the IRP. A "qualifying" vehicle is any vehicle used in two or more member jurisdictions that allocate or proportionally register vehicles, which are used for the transportation of persons for-hire or designed, used, or maintained primarily for the transportation of property, and:

Is a power unit having two axles and a gross vehicle weight, or registered gross vehicle weight in excess of 26,000 pounds; or

Is a power unit having three or more axles, regardless of weight; or

Is used in combination when the weight of such combination exceeds 26,000 pounds gross vehicle weight.

**Note:** Vehicles, or combinations thereof, having a gross vehicle weight of 16,000 pounds and under 26,000 pounds, and two-axle vehicles and Buses used in the transportation of chartered parties may be proportionally registered at the option of the Registrant. If the vehicle is registered for Intrastate operation and you plan Interstate operation, you must either dual plate, proportionally register, or obtain a trip permit.

Vehicles or combinations thereof having a gross vehicle weight of 7,000, 9,000, 11,000, or under 16,000 pounds *are ineligible*, at this time, to apportion in Indiana. Carriers operating Intrastate are required to dual plate.

Non-apportionable vehicles are subject to registration and fee payment in accordance with each base jurisdiction's general registration statutes, and they may be entitled to reciprocity in other jurisdictions under applicable reciprocity agreements.

**Exempt/Restricted Vehicles:** Exemption from apportioned registration applies to the following types of vehicles as applicable agreements, understandings, or declarations so provide.

*Buses* used in the transportation of chartered parties.

*Commercial vehicles* traveling entirely **Intrastate** such as those used for city pickup and delivery.

*Commercial vehicles* displaying restrictive plates which have geographic area, mileage, or commodity restrictions.

*Farm registered vehicles* based and registered in a jurisdiction which is a member of the IRP and owned by an individual who is engaged in farming and used by such owner to transport agricultural products produced by the owner, or property purchased by the owner for use on his farm.



## State Forms and Supporting Documentation

*Government-Owned vehicles.*

*Recreational vehicles* used for personal pleasure or travel by an individual or family and not used in connection with any business endeavor.

The State of Indiana has four (4) commonly used restricted/exempt license plates, which are exempt from the International Registration Plan and reciprocity should be granted by IRP jurisdictions. Paper license plates are restricted from hauling out-of-state.

Below is a list describing those restricted license plates and their definitions:

*Dealer Plate* used for those persons engaged in the business of manufacturing, buying, or selling motor vehicles.

*Manufacturer Plate* for those persons engaged in the business of constructing or assembling motor vehicles.

*Transport Operator Plate* used by persons engaged in the business of providing drivers and operators, for the purpose of transporting vehicles from one place to another by the drive away or tow away methods; or any nonresident dealer, manufacturer engaged in such operation or business, or any business which prepares their own newly purchased vehicles and delivers them to the locations where the vehicles will be based, titled and registered.

*Special Machinery Plates* used for implements of husbandry, well drilling equipment, ensilage cutters, paint spray outfit, livestock dipping equipment, seed cleaning and treating equipment, and other farm-related machinery.

### State Forms and Supporting Documentation

The following section explains the State Forms and Supporting Documentation that will be used to establish an Indiana IRP Account, modify existing accounts, fleets, or vehicles. Each State Form has line by line instructions on the back. Supporting Documentation provides the validation of the State Forms.

#### Schedule A

The State Form Schedule A (Form 4947) is used to obtain the Registrant profile and vehicle information which will constitute a fleet for a New Account or New Fleet to an existing account. When completing this form for establishing a New Indiana IRP Account, please mark the box indicating “New Account” (line 19).

The following information must be provided on, or in addition to, the completed Schedule A.

If the company is incorporated, the Applicant must register in the legal name of the corporation as verified by the IRP Unit with the Indiana Secretary of State. Partnerships and Sole Proprietorships will be verified through the registered name with the Indiana Department of Revenue.

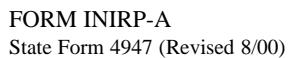
The business address must reflect a valid street address.

All vehicles within the same fleet **must** be registered in the same jurisdictions.

Each vehicle should be grouped according to the type and weight, and each group should be listed on a separate Schedule A or C. Weights for the group should be shown in all IRP jurisdictions where you want apportionment.

Weights in different jurisdictions may fluctuate only 10% from the registered weight shown on the Schedule A. If more than a 10% variance exists, then a Bill of Lading must be provided.

If a 5 year Semi-Trailer plate is desired, “5ST” should be declared as the vehicle type in the appropriate section.



*State of Indiana*  
**Application for the International Registration Plan**  
**SCHEDULE A**

1. Applicant Name:										9. Applicant Mailing Address:					16. IRP Account /Fleet Number:					17. License Year:									
2. Business Entity Type:										10. County:					11. City:					18. Applicant US DOT Number:					19. New Account: <input type="checkbox"/> Yes <input type="checkbox"/> No				
3. Federal ID Number (or Social Security Number if sole Proprietor):										12. State:					13. Zip Code:					20. IFTA License Number:					21. Taxpayer Identification Number:				
4. Indiana Business Street Address:										14. Indiana Business Telephone Number: (     )					22. Account Contact Person Name:														
5. County:			6. City:			7. State:			8. Zip Code:			15. Email Address:					23. Contact Telephone Number: (     )												

**Below, please indicate the appropriate weight where proportional registration is sought in a jurisdiction.**

AB	AK	AL	AR	AZ	BC	CA	CO	CT	DC	DE	FL	GA
IA	ID	IL	IN	KS	KY	LA	MA	MB	MD	ME	MI	MN
MO	MS	MT	MX	NB	NC	ND	NE	NF	NH	NJ	NM	NS
NT	NV	NY	OH	OK	ON	OR	PA	PE	PQ	RI	SC	SD
SK	TN	TX	UT	VA	VT	WA	WI	WV	WY	YT		

[illegible]

SECTION 1

Schedule A Instructions

SECTION 3

**Line 1:** Enter the Applicant Name as it is registered with the Indiana Secretary of State or the Indiana Department of Revenue. (The IRP Unit will register the Applicant in the same name as registered with the Indiana Secretary of State or Indiana Department of Revenue.)

**Line 2:** Enter the Business Entity Type as registered with the Indiana Secretary of State or Indiana Department of Revenue. Business Entity Types are Incorporation, Partnership, Sole Proprietor, Not-for-Profit Organization, or Government Owned.

**Lines 3:** Enter the Federal Identification Number if registered as a Corporation or Partnership. Enter the Social Security Number if registered as a Sole Proprietorship.

**Lines 4 through 8:** Enter the Indiana physical address location of the place of business, where operational records can be attained and where Actual Miles are accrued.

**Line 9 through 13:** Enter the mailing address where correspondence regarding the **IRP Account** is to be received by the Contact Person (designated on Line 22). Use the mailing address area on the Schedule B or BN to indicate the **Fleet** mailing address.

**Line 14:** Enter the Indiana business telephone number.

**Line 15:** Enter the email address for electronic communication with the IRP Unit.

**Line 16:** Enter the Indiana IRP Account Number and Fleet Number. If the application is for the establishment of an Initial IRP Account, also see Line 19.

**Line 17:** Enter the last two digits of the Registration Year which the Applicant is seeking proportional registration.

**Line 18:** Enter the US DOT Number of the Applicant. All IRP Registrants are required to obtain a US DOT Number unique to the Registrant. The US DOT Number should be in the name in which the Applicant registered with the Indiana Secretary of State or Indiana Department of Revenue. If the Applicant is operating under the authority of a lessor, the Applicant must register the apportionable vehicles with the lessor's US DOT Number (as indicated in Section 3, Column 7); however the Applicant must have a US DOT Number.

**Line 19:** Enter an X in the appropriate box for determining if a New Account.

**Line 21:** Enter the Taxpayer Identification Number of the Applicant. All business entities must register with the Indiana Department of Revenue and obtain a Taxpayer Identification Number.

**Line 22:** Enter the name of the person who is responsible for conducting the **Account's** business with the IRP Unit. If the Contact Person is not a listed Responsible Officer of the business entity, then a Power of Attorney is required, with the signature of a Responsible Officer and the Contact Person Designee.

**Line 20:** Enter the International Fuel Tax License Number. The Applicant is responsible for providing proof of IFTA responsibility whether through the Applicant having an IFTA License or through a Lease Agreement.

**Line 23:** Enter the telephone number of the Contact Person.

SECTION 2

Indicate the appropriate weight in the jurisdiction for the vehicle(s) in Section 3. The weight must be the "Declared Combined Gross Weight"; or the "Declared Gross Vehicle Weight" as shown in Section 3, Column 11. California weight is shown at the "Unladen Weight" as shown in Section 3 Column 9.

**Column 1:** Enter the Registrant assigned Unit Number or Equipment Number for the vehicle.

**Column 2:** Enter the last two digits of the Model Year of the vehicle.

**Column 3:** Enter the Vehicle Make using the three letter abbreviation that is shown on the vehicle title or title application.

**Column 4:** Enter the entire Vehicle Identification Number (VIN) as shown on the Certificate of Title or Title Application.

**Column 5:** Enter the type of vehicle.  
Vehicle Types: TK - Truck (single), TR-Tractor, TT-Truck Tractor, RT-Road Tractor, ST-Semi-Trailer, FT-Full Trailer, BS-Bus, WR-Wrecker, CG-Converter Gear. (Use only the abbreviation.) For a complete description and illustration, please refer to the 2001 IRP Manual. Enter "SST" for Five-year Semi-Trailer plate or "PST" for Permanent Semi-Trailer plate.

**Column 6:** Enter the number of axles, including axles in a tandem group. If registering a Bus, indicate the rated Seat capacity.

**Column 7:** Enter the US DOT Number of the entity responsible for the vehicle safety fitness. If the Registrant is a lessee, the responsible party will be determined via a Lease Agreement.

**Column 8:** Enter the Fuel Type. Fuel Types are as follows:  
D-Diesel, G-Gasoline, P-Propane, O-Other. (Use only the abbreviation.)

**Column 9:** Enter the weight of the vehicle fully equipped for service excluding the weight of any load.

**Column 10:** Enter the total unladen weight of the vehicle plus the maximum load to be carried on the vehicle.

**Column 11:** Enter the total unladen weight of the combination of vehicles plus the maximum load to be carried on that combination of vehicles.

**Column 12:** Enter the actual purchase price of the vehicle paid by the current owner, excluding trade in and sales tax, including accessories or modifications attached to the vehicle.

**Column 13:** Enter the manufacturer's retail price excluding trade in and sales tax, including accessories or modification attached to the vehicle.

**Column 14:** Enter the month and year in which the vehicle was purchased by the current owner.

**Column 15:** Enter the name of the titled owner, if the vehicle is not owned by the Applicant.

Please list the entire names and Social Security Number of owners, partners or corporate officers. (Attach a separate sheet if necessary.)

Last	First	Middle	Social Security Number

If a permanent Semi-Trailer plate is desired, “PST” should be declared as vehicle type in the appropriate section.

### **Schedule B**

The State Form Schedule B (State Form 4949) is used to determine the type of fleet operation, Proof of Financial Responsibility, and miles for jurisdictions. It is submitted when renewing fleet registrations or adding jurisdictions to existing fleets.

**When renewing the IRP registrations for the 2001 Registration Year, the Schedule B will reflect the accrued miles in each jurisdiction from July 1, 1999 through June 30, 2000.**

**Total Fleet Miles** is the sum of accrued mileage, including miles accrued on Trip Permits, by all registered vehicles in each jurisdiction that was part of the apportioned fleet during the Mileage Reporting Period. The total miles accrued for any registered vehicle that was deleted from or added to the apportioned fleet must reflect only the miles accrued while the deleted or added vehicle was in service in the apportioned fleet during the Mileage Reporting Period.

Mileage is reported on the Schedule B as Actual, Estimated, or Reported. When completing the Schedule B, it is critical to indicate the “Method” of how the mileage is being shown by designating A, E, or R for each jurisdiction. Below is a brief description of each mileage type.

Actual Mileage a mileage history accrued in jurisdictions where registered vehicles operated in the previous Mileage Reporting Period.

When submitting Actual Miles on the Schedule B for renewing registration credentials, the mileage history is the sum of all miles the registered vehicles accrued in each jurisdiction.

Actual Miles are shown on the Schedule B by filling in the “A” in the “Method” column.

Estimated Mileage is for New Operations, Expanded Operations, or as mileage shown for proportionally registered jurisdictions where Actual or Reported Miles were not accrued by the Registrant during the Mileage Reporting Period.

Second year and subsequent years Estimated Miles in IRP jurisdictions will result in a higher Billing Notice amount based on the percentages for Estimated Miles being calculated after the Actual Miles percentages are established. The IRP Plan prohibits the use of Estimated Miles in non-IRP jurisdictions after the first year of registration.

If the Registrant previously had a non-apportioned license plate in Indiana or any other state, then Estimate Mileage may be used.

**New Operations** is establishing a fleet that will contain vehicles with no previous registration history. The Registrant may determine the total individual vehicle and the Total Fleet Mileage to be used in accordance with the Schedule G. The base jurisdiction may adjust the Estimated Miles if not satisfied with the Registrant’s submitted “Plan of Operation”. The application should contain a full statement of the proposed “Plan of Operation” and estimates of annual mileage in each registered jurisdiction as indicated on the Schedule G by the Registrant.

First year estimates in non-IRP jurisdictions only may reflect one (1) state–line to state–line trip. Higher Estimate Miles may be accepted if the Registrant provides reasonable proof (contract, last four quarterly fuel reports, etc.) at the time of registration.

If a New Operation begins after April 1, you will be allowed to Estimate Miles on your first renewal since you may not have accrued Actual Miles during the previous Mileage Reporting Period. New Operations with mileage experience of thirty (30) days or more prior to renewal will base the estimate miles upon this previous mileage information.

New Operations resulting from combining or eliminating fleets will be subject to audit under normal audit criteria.

**Expanding Operations** is when the Registrant proportionally registers in an IRP jurisdiction where a vehicle in an existing fleet has not previously registered for or accrued miles. Registrants with no previous mileage history must use Estimated Miles based on a proposed “Plan of Operation” as indicated on the Schedule G or the Indiana’s Estimated Mileage Chart. If the IRP Unit deems the proposed plan as acceptable, then the Registrant’s Estimated Miles will be allowed. If the IRP Unit deems the proposed plan as unacceptable, then the Registrant’s Estimated Miles will be adjusted to Indiana’s Estimated Mileage Chart.

Registrants with a mileage history (Reported Miles) in the added jurisdiction during the Mileage Reporting Period are obligated to use the miles submitted on the Schedule B at the time of renewing the fleet registration.

When a Registrant adds an IRP jurisdiction to an existing fleet after the original percentages have been established for the current Registration Year, the mileage percentages for the additional jurisdiction is computed as follows:

Mileage for the additional jurisdiction will be added to the previously established Total Fleet Miles in order to obtain the new Total Fleet Miles. The miles in each jurisdiction are then divided by the new Total Fleet Miles to obtain the mileage percentage for the additional jurisdiction.

If a Registrant is registering for Indiana IRP and has been previously registered in another IRP member jurisdiction, but the operation remains the same, Actual Miles must be submitted. Estimated Miles would only be acceptable for a change in operation.

Estimated Miles are shown on the Schedule B by filling in the “E” in the “Method” column.

Reported Miles is Actual Miles accrued during the Mileage Reporting Period in jurisdictions in which the Registrant does not proportionally register for the current registration year. Reported Miles may be accrued via a Trip Permit.

When submitting a Schedule B for registration renewing, the Reported Miles must be reflected on the Schedule B for the jurisdiction in which they were accrued. The mileage percentage for the fleet will not be adjusted to include Reported Miles.

Submitted Reported Miles must be used as Actual Miles if a Registrant opts to add a jurisdiction to an established fleet, during the same Mileage Reporting Period. The Reported Mileage originally indicated on the Schedule B, for the additional jurisdiction, must be the same mileage submitted when adding that jurisdiction to the fleet.

Reported Miles are indicated on the Schedule B by filling in the “R” in the “Method” column.

**Schedule B Hints:**

In Changing of Operations, where registered vehicles from an eliminated fleet have been added to an established fleet, only the mileage accrued by the established fleet shall be used for registration.

Eliminated fleet records are still subject to audit under normal criteria.

The total miles for Trailers or Semi-Trailers, which are part of a registered fleet, are the miles generated by the Power Units of the fleet.

If the Trailers or Semi-Trailers were towed by Power Units that were proportionally registered by the same fleet Registrant, and the Trailers or Semi-Trailers were part of two or more fleets, then the total miles are the miles generated by the Power Units during the Mileage Reporting Period.

This is the case for Power Units that did not actually operate a portion of their total miles in contracting



State of Indiana  
International Registration Plan  
**SCHEDULE B**

<b>SECTION 1</b>	1. Registrant Name:			7. Fleet Mailing Address:			12. IRP Account Number:		13. Fleet Number:	
	2. Fleet Street Address:		3. County:	8. County:		9. City:		14. US DOT Number:		15. IFTA License Number:
	4. City:	5. State:	6. Zip Code:	10. State:		11. Zip Code:		16. Taxpayer ID Number:		
<b>SECTION 2</b>									17. Fleet Contact Person:	
<b>Jurisdiction</b>	<b>Mileage</b>	<b>Method</b>	<b>Jurisdiction</b>	<b>Mileage</b>	<b>Method</b>	<b>Jurisdiction</b>	<b>Mileage</b>	<b>Method</b>	18. Fleet Contact Person Telephone Number:	
Alberta		(A)(E)(R)	Alaska		NR	Alabama		(A)(E)(R)	19. Type of Carrier (check all that apply): <input type="checkbox"/> Private Carrier <input type="checkbox"/> Household Goods Carrier <input type="checkbox"/> "For Hire" Carrier <input type="checkbox"/> Exempt Commodity Carrier (Common Carrier)	
Arkansas		(A)(E)(R)	Arizona		(A)(E)(R)	British Col.		(A)(E)(R)		
California		(A)(E)(R)	Colorado		(A)(E)(R)	Connecticut		(A)(E)(R)		
Wash. D. C.		(A)(E)(R)	Delaware		(A)(E)(R)	Florida		(A)(E)(R)	<b>SECTION 3</b>	
Georgia		(A)(E)(R)	Iowa		(A)(E)(R)	Idaho		(A)(E)(R)		
Illinois		(A)(E)(R)	Kansas		(A)(E)(R)	Kentucky		(A)(E)(R)		
Louisiana		(A)(E)(R)	Massachusetts		(A)(E)(R)	Manitoba		(A)(E)(R)	20. Please designate the appropriate year for the Mileage Reporting Periods of July 1, _____ through June 30, _____.	
Maryland		(A)(E)(R)	Maine		(A)(E)(R)	Michigan		(A)(E)(R)	21. TOTAL INDIANA MILES	
Minnesota		(A)(E)(R)	Missouri		(A)(E)(R)	Mississippi		(A)(E)(R)	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
Montana		(A)(E)(R)	Mexico		NR	New Bruns.		(A)(E)(R)		
N. Carolina		(A)(E)(R)	N. Dakota		(A)(E)(R)	Nebraska		(A)(E)(R)		
Newfoundland		(A)(E)(R)	N. Hampshire		(A)(E)(R)	New Jersey		(A)(E)(R)	22. If your Estimated Miles differ than those stated on Indiana's Estimated Mileage Chart, please attach a Schedule G.  Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete, and correct, and I am providing proof of financial responsibility prior to affixing my signature hereto.	
New Mexico		(A)(E)(R)	Nova Scotia		(A)(E)(R)	Northwest T.		(A)(E)(R)		
Nevada		(A)(E)(R)	New York		(A)(E)(R)	Ohio		(A)(E)(R)		
Oklahoma		(A)(E)(R)	Ontario		(A)(E)(R)	Oregon		(A)(E)(R)	Signature of Owner or Responsible Officer    Title    Date  Name of your insurance company licensed in Indiana (not the agency or group)  Policy Number    Insurance Company Phone Number  Address of Insurance Company	
Pennsylvania		(A)(E)(R)	Prince Ed. Is.		(A)(E)(R)	Quebec		NR		
Rhode Island		(A)(E)(R)	S. Carolina		(A)(E)(R)	S. Dakota		(A)(E)(R)		
Saskatchewan		(A)(E)(R)	Tennessee		(A)(E)(R)	Texas		(A)(E)(R)	<div style="background-color: black; color: white; text-align: center; padding: 5px;">For Official Use Only</div>	
Utah		(A)(E)(R)	Virginia		(A)(E)(R)					
Vermont		(A)(E)(R)	Washington		(A)(E)(R)					
Wisconsin		(A)(E)(R)	West Virginia		(A)(E)(R)				Actual Miles	
Wyoming		(A)(E)(R)	Yukon Terr.		NR				NR Miles	

## Schedule B Instructions

### SECTION 1

**Line 1:** Enter the Registrant Name as it is registered with the Indiana Secretary of State or the Indiana Department of Revenue. (The IRP Unit will register the Applicant in the same name as registered with the Indiana Secretary of State or Indiana Department of Revenue.)

**Lines 2 through 6:** Enter the **Fleet** Street Address if different than the Indiana Business Street Address on the Schedule A.

**Lines 7 through 11:** Enter the **Fleet** Mailing Address if different than the Applicant Mailing Address on the Schedule A. Each **Fleet** may have an independent mailing address where credentials or other correspondence regarding the **Fleet** will be sent by the IRP Unit.

**Line 12:** Enter the Indiana IRP Account Number.

**Line 13:** Enter the Fleet Number.

**Line 14:** Enter the US DOT Number of the Registrant. All IRP Registrants are required to obtain a US DOT Number unique to the Registrant. The US DOT Number should be in the name in which the Registrant registered with the Indiana Secretary of State or Indiana Department of Revenue.

**Line 15:** Enter the International Fuel Tax License Number. The Registrant is responsible for providing proof of IFTA responsibility whether through the Registrant having an IFTA License or through a Lease Agreement.

**Line 16:** Enter the Taxpayer Identification Number of the Applicant. All business entities must register with the Indiana Department of Revenue and obtain a Taxpayer Identification Number.

**Line 17:** Enter the name of the person who is responsible for conducting the **Fleet's** business with the IRP Unit. If the Contact Person is not a listed Responsible Officer of the business entity, then a Power of Attorney is required, with the signature of a Responsible Officer and the Contact Person Designee.

**Line 18:** Enter the telephone number of the **Fleet** Contact Person.

**Line 19:** Enter the Type of Carrier. Please indicate all the Carrier Types that apply to this fleet.

### SECTION 2

For each IRP jurisdiction in which you traveled, enter the Total Mileage of the Fleet in the jurisdictions during the appropriate Mileage Reporting Period.

Please designate the mileage in the "Method" column by filling in the appropriate A, E, or R.

Indicate "A" for Actual Miles.  
Indicate "E" for Estimated Miles.  
Indicate "R" for Reported Miles.

### SECTION 3

**Line 20:** Enter the year for the Mileage Reporting Period the miles are being reported.

**Line 21:** Enter the Total Miles for Indiana whether Actual Miles or Estimated Miles.

**Line 22:** Please submit a Schedule G with a detailed "Plan of Operation."

The Schedule B must be signed, in INK, by the responsible person. Please include the job title and date.

Print or type the full name of your insurance company licensed in Indiana (not the agency or group). Enter your policy number.

Print or type the address and telephone number of your insurance company.

Effective January 1, 1983, Indiana law requires every Motor Vehicle registered in the State of Indiana to have proof of Financial Responsibility.

Proof of Financial Responsibility includes one of the following:

1. Motor vehicle's insurance policy
2. Self insurance (certificate from BMV required)
3. Indiana Motor Carrier Authority Number (IMCA) (PSCI)
4. \$40,000 in securities or cash deposited with the Treasurer of Indiana

**NOTE:** If qualified under 2 or 3, place your IMCA number or certificate of self-insurance number in the policy number area on the front of this form.

If qualified under 4, place the word "BOND" in the insurance company name area on the front of this form.

**Falsification of this information will subject you to a jail term of up to two (2) years, a fine of up to \$10,000 and suspension of the individual's driver's license for a period of up to one year.**

jurisdictions where the proportional registration of such Trailers or Semi-Trailers is sought.

**Schedule BN**

The State Form Schedule BN (Form 4949) is used when applying for a New IRP Account, when creating a New Fleet, or when expanding operations through an Additional Jurisdiction transaction, where no mileage had been previously accrued in the same Mileage Reporting Period. The form contains a listing of the member and non-member IRP jurisdictions with associated Indiana calculated Estimated Miles. Each jurisdiction, where proportional registration is sought, is indicated by placing an X in the column to the right of the jurisdiction.

Each established fleet can have a mailing address that is specific to that fleet.





State of Indiana  
**International Registration Plan**  
**NEW ACCOUNT SCHEDULE BN**

<b>SECTION 1</b>	1. Applicant name:				7. Fleet Mailing Address:				12. IRP Account Number:		13. Fleet Number:		
	2. Fleet Street Address:		3. County:		8. County:		9. City:		14. Applicant US DOT Number:		15. IFTA License Number:		
	4. City:		5. State:	6. Zip Code:	10. State:		11. Zip Code:		16. Taxpayer ID Number:		17. New Account: Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>SECTION 2</b>	<b>In Section 2, place an X in the column to the right of the jurisdictions where proportional registration is sought.</b>								18. Fleet Contact Person:				
	<b>Jurisdiction</b>		<b>X</b>	<b>Mileage</b>	<b>Jurisdiction</b>		<b>X</b>	<b>Mileage</b>	<b>Jurisdiction</b>		<b>X</b>	<b>Mileage</b>	
	AB Alberta			50	AK Alaska			110	AL Alabama			1,014	
	AR Arkansas			1,053	AZ Arizona			2,048	BC British Col.			50	
	CA California			3,142	CO Colorado			585	CT Connecticut			274	
	DC Wash. D. C.			10	DE Delaware			77	FL Florida			1,294	
	GA Georgia			1,915	IA Iowa			726	ID Idaho			365	
	IL Illinois			4,134	KS Kansas			537	KY Kentucky			3,078	
	LA Louisiana			642	MA Massachusetts			285	MB Manitoba			100	
	MD Maryland			553	ME Maine			70	MI Michigan			2,726	
	MN Minnesota			338	MO Missouri			2,105	MS Mississippi			582	
	MT Montana			343	MX Mexico			70	NB New Bruns.			100	
	NC N. Carolina			1,253	ND N. Dakota			119	NE Nebraska			730	
	NE Newfoundland			180	NH N. Hampshire			37	NJ New Jersey			566	
	NM New Mexico			1,577	NS Nova Scotia			100	NT Northwest T.			140	
	NV Nevada			492	NY New York			892	OH Ohio			4,992	
	OK Oklahoma			1,543	ON Ontario			200	OR Oregon			874	
	PA Pennsylvania			2,579	PE Prince Ed. Is.			100	PQ Quebec			100	
	RI Rhode Island			40	SC S. Carolina			848	SD S. Dakota			118	
	SK Saskatchewan			20	TN Tennessee			2,113	TX Texas			4,050	
	UT Utah			519	VA Virginia			1,226	For Official Use Only				
	VT Vermont			27	WA Washington			523	<b>IN Indiana Miles</b>		<b>14152</b>		
	WI Wisconsin			778	WV West Virginia			654	<b>NR Miles</b>				
	WY Wyoming			712	YT Yukon Terr.			100	<b>Total Fleet Miles</b>				
	<b>SECTION 3</b>	19. Fleet Contact Telephone Number: (      )								20. Carrier Type (check all that apply):			
		<input type="checkbox"/> Private Carrier				<input type="checkbox"/> Exempt Commodity Carrier							
		<input type="checkbox"/> "For Hire" Carrier (Common Carrier)				<input type="checkbox"/> Household Goods Carrier							
		21. Please designate the appropriate year for the Mileage Reporting Period of July 1, _____ through June 30, _____.  22. If your Estimated Miles differ than those shown in Section 2, please attach a Schedule G.											
<b>Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete, and correct, and I am providing proof of financial responsibility prior to affixing my signature hereto.</b>													
Signature of Owner or Responsible Officer _____ Title _____ Date _____													
Name of your insurance company licensed in Indiana (not the agency or group)													
Policy Number _____ Insurance Company Phone Number _____													
Address of Insurance Company _____													

## SECTION 1

**Line 1:** Enter the Applicant Name as it is registered with the Indiana Secretary of State or the Indiana Department of Revenue. (The IRP Unit will register the Applicant in the same name as registered with the Indiana Secretary of State or the Indiana Department of Revenue. If the name as registered with the Indiana Secretary of State or the Indiana Department of Revenue differs from the title or title application name, a Lease Agreement or title change is required.)

**Line 2 through 6:** Enter the FLEET Street Address if different than the Indiana Business Street Address on the Schedule A.

**Lines 7 through 11:** Enter the Fleet Mailing Address if different than the Applicant Mailing Address on the Schedule A. Each FLEET may have an independent mailing address where credentials or other correspondence regarding this FLEET is received from the IRP Unit.

**Line 12:** Enter the Indiana IRP Account Number.

**Line 13:** Enter the Fleet Number, if applicable.

**Line 14:** Enter the US DOT Number of the Registrant/Applicant. All IRP Registrants/Applicants are required to obtain a US DOT Number. The US DOT Number should be in the name in which the Registrant/Applicant is registered with the Indiana Secretary of State or the Indiana Department of Revenue.

**Line 15:** Enter the International Fuel Tax License Number. The Registrant/Applicant is responsible for providing proof of IFTA responsibility whether through the Registrant/Applicant having an IFTA License or through a Lease Agreement.

**Line 16:** Enter the Taxpayer Identification Number of the Registrant/Applicant. All business entities must register with the Indiana Department of Revenue and obtain a Taxpayer Identification Number.

**Line 17:** Enter an X in the appropriate box for determining if a New Account.

**Line 18:** Enter the name of the person who is responsible for conducting the FLEET'S business with the IRP Unit. If the Contact Person is not a listed Responsible Officer of the business entity, then a Power of Attorney with the signature of a Responsible Officer and Contact Person Designee is required.

**Line 19:** Enter the telephone number of the FLEET Contact Person.

**Line 20:** Enter the Type of Carrier. Please indicate all the Carrier Types that apply to this FLEET.

## SECTION 2

Place an X in the column to the right of the jurisdictions where proportional registration is sought.

The Estimated Miles for each jurisdiction are based upon the total Actual Miles traveled by proportionally registered vehicles in the jurisdiction, during the previous Mileage Reporting Period. To use other Estimated Miles, see Section 3, Line: 22.

## SECTION 3

**Line 21:** Enter the year for the Mileage Reporting Period the miles are being reported.

**Line 22:** Submit a Schedule G with a detailed "Plan of Operation".

The Schedule B must be signed, in INK, by the responsible person. Please include the job title and date.

Print or type the full name of your insurance company licensed in Indiana (not the agency or the group). Enter your policy number, and all the additional information requested.

Effective January 1, 1983, Indiana law requires every Motor Vehicle registered in the State of Indiana to have proof of Financial Responsibility.

Proof of Financial Responsibility includes one of the following:

1. Motor vehicle's insurance policy
2. Self insurance (certificate from BMV required)
3. Indiana Motor Carrier Authority Number (IMCA) (PSCI)
4. \$40,000 in securities or cash deposited with the Treasurer of Indiana

**NOTE:** If qualified under 2 or 3, place your IMCA number or certificate of self-insurance number in the policy number area on the front of this form.

If qualified under 4, place the word "BOND" in the insurance company name area on the front of this form.

**Falsification of this information will subject you to a jail term of up to two (2) years, a fine of up to \$10,000 and suspension of your driver's license for a period of up to one year.**

# Transaction Types

## Schedule C

The State Form Schedule C (Form 4950) is used when modifying an existing account, fleet or vehicle. Each Transaction Type requires the submission of a Schedule C. Shown below are the Transaction Types and Supporting Documentation requirements. Only a Schedule C is required for the Transaction Types where no Supporting Documentation is listed.

### Transaction Types:

#### *Additional Jurisdiction*

- Completed Schedule B
- Completed Schedule G, if applicable

**HINTS:** Registrants may *add jurisdictions* to a fleet by indicating the new jurisdiction and associated weights in the appropriate section(s) of the Schedule C.

The Schedule B, with the Registrant indicating the additional jurisdiction(s), must be submitted with the Schedule C. Added jurisdictions are shown on each vehicle cab card in the fleet.

On the Schedule B, fill in the appropriate mileage and mile method. The miles used may be Estimated Miles reflecting the projection of planned operations or Reported Miles.

#### *Additional Vehicle*

- Copy of title or title application
- Heavy Vehicle Use Tax (Form 2290) proof of payment if vehicle is 55,000 pounds or more and vehicle was purchased more than 60 days ago
- Lease Agreement(s), if applicable

**HINT:** When indicating additional vehicles to a fleet, list each new vehicle individually in the appropriate section and provide complete requested information for each column. Vehicles within the same weight and type can be submitted on one (1) Schedule C.

#### *Apportioned License Plate Replacement*

- Completed Form 6 Lost or Stolen Plate Affidavit

**HINTS:** Registrants requesting an apportioned license plate *replacement*, due to the original being lost or stolen, must validate the transaction with a Request for Lost Plate Affidavit (Form 6) obtained from the IRP Unit, a Bureau of Motor Vehicle's License Branch, or from your local Police Department.

The Registrant is responsible for submitting the White Copy of the validated and verified (officer signature) Form 6, the vehicle's cab card and a completed Schedule C to the IRP Unit, and submitting the Blue Copy to the law enforcement agency that reported the apportioned license plate lost or stolen. The lost or stolen apportioned license plate may not be transferred to another vehicle until an apportioned license plate *replacement* has been issued by the IRP Unit.

#### *Apportioned License Plate Transfer*

- Copy of title or title application
- Heavy Vehicle Use Tax (Form 2290) proof of payment if vehicle is 55,000 pounds or more and vehicle was purchased more than 60 days ago
- Lease Agreement, if applicable
- Original Cab Card of vehicle to be deleted

**HINTS:** Apportioned license plates may only be transferred to an available apportionable vehicle within the same fleet. Fees will only be due for those jurisdictions that do not recognize apportioned license plate transfers and for any variance in type and weight of the vehicles involved.

On the Schedule C, the registered vehicle taken out of service is shown as “Deleted” in the appropriate section. The new or replacement vehicle should then be shown as “Additions” in the appropriate section on the same Schedule C. It is advised to verify that the correct apportioned license plate number is being transferred.

The original **cab card** for the deleted vehicle must be returned with your Schedule C. The new vehicle **can not** be operated with the transferred apportioned license plate until the new cab card is issued.

Additional fees may be assessed for the following states: Arizona, California, Colorado, Idaho, Minnesota, Mississippi, Montana, Nevada, North Dakota, South Dakota, Utah, Washington and Wyoming. Indiana’s Transfer Fee will always be assessed.

#### *Apportioned Vehicle Fleet to Fleet Transfer*

- Previous fleet registration cab card

**HINTS:** Apportioned Vehicle Fleet to Fleet Transfers will have a Billing Notice which reflects any difference in mileage percentages (that are greater) than the previous fleet. A lower mileage percentage difference between fleets is non-refundable.

#### *Axle Number Change*

#### *Body Type Correction*

- Copy of title or title application

#### *Business Address Change*

#### *Carrier Type Change*

#### *Decrease Indiana Weight*

#### *Duplicate Cab Card*

**HINT:** Duplicate cab cards can be obtained by indicating the appropriate vehicle information submitted a Schedule C. Forth coming is the ability of Registrant’s to photocopy cab cards multiple times. Cab Cards will be printed on standard 8.5x11 white paper. A unique Control Number will be assigned to each cab card issued by the IRP Unit. The Control Number will contain all the information required for credential validation by law enforcement.

#### *Factory Price Change*

#### *Fleet Mailing Address Change*

**HINT:** The mailing address where correspondence from the IRP Unit is received for a specific fleet. Each fleet can have its own mailing address.

#### *Fuel Type Change*

#### *Glider Kit*

- Copy of new title or title application
- Copy of bill of sale for the Glider Kit

*Lessor Name Change*

- Copy of title or title application
- Lease Agreement

*Make Change*

- Copy of title or title application

*Model Year Change*

- Copy of title or title application

*Name Change*

- Copies of all titles with new name
- If change involves a company or corporation, an approved Form 241 or Articles of Incorporation, if Form 241 is not approved

**HINT:** The registration name will be the name as registered with the Indiana Secretary of State or the Indiana Department of Revenue.

*Person to Contact Change*

**HINT:** A signed Power of Attorney indicating the Designee of the Registrant, who will conduct the fleet's business.

*Purchase Date Change*

*Purchase Price Change*

*Registrant Business Address Change*

**HINT:** The Registrant's business address changes.

*Registrant Mailing Address Change*

**HINT:** A change in the mailing address where correspondence is received from the IRP Unit regarding the Registrant's IRP Account.

*Telephone Number Change*

*Unit Number Change*

*Vehicle Deletions*

**HINTS:** List each deleted vehicle individually in the appropriate section on the Schedule C.

The deleted vehicle's apportioned license plate **not transferred** to a replacement vehicle must be returned to the IRP Unit prior to the Registrant's next Registration Year. If the registration credentials are not submitted to the IRP Unit prior to the Registrant's next Registration Year, then the Registrant may be responsible for full registration fees.

Indiana Statute prevents the IRP Unit from issuing refunds for vehicles deleted after first day of the new Registration Year.

*Vehicle Identification Number Correction*

- Copy of title or title application

*Weight Decrease*

**HINT:** Gross Weight Decreases are only allowed for Indiana. Indiana Statutes prevent a refund or a credit for the weight difference from the previously registered weight to the newly registered lower weight. Weight Decreases for all other jurisdiction(s) is to be done on the Renewal Schedule A.

*Weight Increase*

- Heavy Vehicle Use Tax (Form 2290) proof of payment if vehicle Weight Increase exceeds 55,000 pounds or more and vehicle was purchased more than 60 days ago

**HINTS:** Gross Vehicle Weight may be increased for a particular vehicle in any or all jurisdictions in the fleet. Additional registration fees will be due for the difference between the previous weight to the increased weight. The formula for calculating the additional registration fees is based on the difference between the registration fees applicable for the two gross weights multiplied by the mileage percentage.

On the Schedule C, indicate Weight Increases by listing the vehicle at the previous weight in the “Deletions” Section, and the same vehicle at the new weight in the “Additions” Section.

The Schedule C must contain complete information in all sections of the form.



State of Indiana  
**International Registration Plan  
TRANSACTION SCHEDULE C**

<b>SECTION 1</b>	1. Registrant Name:						7. Mailing Address Change:				14. Account Number		15. Fleet No.		16. Registration Year: ____ Current ____ Upcoming																														
	<b>Complete Lines 2-12 and 19 for CHANGES only. Please refer to the back for Line by Line Instructions.</b>						8. County:		9. City:		17. IFTA License Number:																																		
	2. Street Address Change:			3. County:			10. State:		11. Zip Code:		12. US DOT Number:		18. Taxpayer Identification Number:		20. Vehicle Transfer: from Fleet #: _____ to Fleet #: _____																														
	4. City:		5. State:		6. Zip Code:		13. Contact Name Change: ( )				19. Telephone Number Change: ( )																																		
<b>SECTION 2</b>	<b>Indicate the appropriate weight in the jurisdiction for the vehicle(s) listed in Section 3.</b>																																												
	AB		AK		AL		AR		AZ		BC		CA		CO		CT		DC		DE		FL		GA																				
	IA		ID		IL		IN		KS		KY		LA		MA		MB		MD		ME		MI		MN																				
	MO		MS		MT		MX		NB		NC		ND		NE		NF		NH		NJ		NM		NS																				
	NT		NV		NY		OH		OK		ON		OR		PA		PE		PQ		RI		SC		SD																				
	SK		TN		TX		UT		VA		VT		WA		WI		WV		WY		YT																								
<b>SECTION 3</b>	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15																
	UNIT NUMBER		Y E A R		VEHICLE MAKE		VEHICLE IDENTIFICATION NUMBER		T Y P E		A S S E S S M E N T		U.S. DOT NUMBER		F U E L		UNLADEN WEIGHT		DECLARED GROSS WEIGHT		DECLARED COMBINED GROSS WEIGHT		PURCHASE PRICE		FACTORY PRICE		PURCHASE DATE		LESSOR																
<b>SECTION 4</b>	1		2		3		4		5		6		7		8				9		10																								
	UNIT NUMBER		Y E A R		VEHICLE MAKE		VEHICLE IDENTIFICATION NUMBER		UNLADEN WEIGHT		DECLARED GROSS WEIGHT		DECLARED COMBINED GROSS WEIGHT		LESSOR				APPORIONED LICENSE NUMBER		REPLACEMENT UNIT NUMBERS																								
<b>SECTION 5</b>	To designate a Transaction Type, place an X in the appropriate box.																																												
	<b>TRANSACTION TYPE:</b> <table border="0"><tr><td><input type="checkbox"/> Account Mailing Address Change</td><td><input type="checkbox"/> Carrier Type Change</td><td><input type="checkbox"/> Fleet Mailing Address Change</td><td><input type="checkbox"/> License Plate Transfer</td><td><input type="checkbox"/> Weight Decrease</td></tr><tr><td><input type="checkbox"/> Account Street Address Change</td><td><input type="checkbox"/> Contact Name Change</td><td><input type="checkbox"/> Fleet Street Address Change</td><td><input type="checkbox"/> Registrant Name Change</td><td><input type="checkbox"/> Weight Increase</td></tr><tr><td><input type="checkbox"/> Additional Jurisdiction</td><td><input type="checkbox"/> Contact Telephone Number Change</td><td><input type="checkbox"/> Fleet to Fleet Vehicle Transfer</td><td><input type="checkbox"/> Replacement License Plate</td><td><input type="checkbox"/> Others</td></tr><tr><td><input type="checkbox"/> Additional Vehicle</td><td><input type="checkbox"/> Duplicate Cab Card</td><td><input type="checkbox"/> Lessor Name Change</td><td><input type="checkbox"/> Vehicle Deletion</td><td></td></tr></table>																										<input type="checkbox"/> Account Mailing Address Change	<input type="checkbox"/> Carrier Type Change	<input type="checkbox"/> Fleet Mailing Address Change	<input type="checkbox"/> License Plate Transfer	<input type="checkbox"/> Weight Decrease	<input type="checkbox"/> Account Street Address Change	<input type="checkbox"/> Contact Name Change	<input type="checkbox"/> Fleet Street Address Change	<input type="checkbox"/> Registrant Name Change	<input type="checkbox"/> Weight Increase	<input type="checkbox"/> Additional Jurisdiction	<input type="checkbox"/> Contact Telephone Number Change	<input type="checkbox"/> Fleet to Fleet Vehicle Transfer	<input type="checkbox"/> Replacement License Plate	<input type="checkbox"/> Others	<input type="checkbox"/> Additional Vehicle	<input type="checkbox"/> Duplicate Cab Card	<input type="checkbox"/> Lessor Name Change	<input type="checkbox"/> Vehicle Deletion
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<input type="checkbox"/> Additional Vehicle	<input type="checkbox"/> Duplicate Cab Card	<input type="checkbox"/> Lessor Name Change	<input type="checkbox"/> Vehicle Deletion																																										

## Schedule C Instructions

### SECTION 1

**Line 1:** Enter the Registrant Name as it is registered with the Indiana Secretary of State or the Indiana Department of Revenue. (The IRP Unit will register the Registrant/Applicant in the same name as registered with the Indiana Secretary of State or Indiana Department of Revenue.)

**Lines 2 through 6:** TO BE COMPLETED FOR CHANGES ONLY. Enter the Street Address Change for an Account or Fleet. Be certain to designate the appropriate change in Section 5, Transactions Types.

**Lines 7 through 11:** TO BE COMPLETED FOR CHANGES ONLY. Enter the Mailing Address Change for an Account or Fleet. Be certain to designate the appropriate change in Section 5, Transactions Types.

**Line 12:** Enter the US DOT Number of the Registrant. All IRP Registrants are required to obtain a US DOT Number unique to the Registrant. The US DOT Number should be in the name in which the Applicant registered with the Indiana Secretary of State or Indiana Department of Revenue. If the Applicant is operating under the authority of a lessor, the Applicant must register the apportionable vehicles with the lessor's US DOT Number (as indicated in Section 3, Line 7).

**Lines 13 and 19:** TO BE COMPLETED FOR CHANGES ONLY. Enter the name of the new Contact Person and Contact Person Telephone Number. Be certain to designate the appropriate change in Section 5, Transaction Types.

**Line 14:** Enter the IRP Account Number.

**Line 15:** Enter the Fleet Number.

**Line 16:** Enter an X in the appropriate Registration Year for the Transaction Type. If both boxes are marked with an X, then the transaction will be processed for the current Registration Year and the next Registration Year.

**Line 17:** Enter the International Fuel Tax License Number. The Applicant is responsible for providing proof of IFTA responsibility whether through the Applicant having an IFTA License or through the Lease Agreement.

**Line 18:** Enter the Taxpayer Identification Number of the Applicant. All business entities must register with the Indiana Department of Revenue and obtain a Taxpayer Identification Number.

**Line 19:** See Line 13 instructions.

**Line 20:** Enter the Fleet Numbers for the Fleet to Fleet Vehicle Transfer. The Fleets must be in the same Registrant Name.

### SECTION 2

Indicate the appropriate weight in the jurisdiction for the vehicle(s) listed in Section 3. The weight must be the "Declared Combined Gross Weight" or the "Declared Gross Vehicle Weight" as shown in Section 3, Columns 10 and 11. California weight is shown at the "Unladen Weight" as shown in Section 3, Column 9.

### SECTION 3

**Column 1:** Enter the Registrant assigned Unit Number or Equipment Number for the vehicle.

**Column 2:** Enter the last two digits of the Model Year of the vehicle.

**Column 3:** Enter the Vehicle Make using the three letter abbreviation that is shown on the Vehicle Title or Title Application.

**Column 4:** Enter the entire Vehicle Identification Number (VIN) as shown on the Certificate of Title or Title Application.

**Column 5:** Enter the Vehicle Type:

Vehicle Types: TK-Truck (single), TR-Tractor, TT-Truck Tractor, RT-Road Tractor, ST-Semi-Trailer, FT-Full Trailer, BS-Bus, WR-Wrecker, CG-Converter Gear. (Use only the abbreviation.) For a complete description and illustration, please refer to the 2001 IRP Manual.

Enter "5ST" for five-year Semi-Trailer plate or "PST" for Permanent Semi-Trailer plate.

**Column 6:** Enter the number of Axles, including axles used in a tandem group. If registering a Bus, indicate the rated Seat capacity.

**Column 7:** Enter the US DOT Number of the entity responsible for the vehicle safety fitness. If the Registrant is a lessee, the responsible party will be determined via a Lease Agreement.

**Column 8:** Enter the Fuel Type. Fuel Types are as follows:  
D - Diesel, G - Gasoline, P - Propane, O-Other. (Use only the abbreviation).

**Column 9:** Enter the weight of the vehicle fully equipped for service excluding the weight of any load.

**Column 10:** Enter the total unladen weight of the vehicle plus the maximum load to be carried on the vehicle.

**Column 11:** Enter the total unladen weight of the combination of vehicles plus the maximum load to be carried on that combination of vehicles.

**Column 12:** Enter the actual purchase price of the vehicle paid by the current owner, excluding trade in and the sales tax, including accessories or modifications attached to the vehicle.

**Column 13:** Enter the manufacturer's retail price, excluding trade in and the sales tax, including accessories or modifications attached to the vehicle.

**Column 14:** Enter the month and year the vehicle was purchased by the current owner.

**Column 15:** Enter the name of the titled owner, if the vehicle is not owned by the Applicant.

### SECTION 4

If the Transaction Type is an apportioned license plate transfer, the apportioned license plate will be transferred, in the order they are listed in Section 4, to the vehicles listed in Section 3.

**Column 1:** See Section 3, Column 1 instruction.

**Column 2:** See Section 3, Column 2 instruction.

**Column 3:** See Section 3, Column 3 instruction.

**Column 4:** See Section 3, Column 4 instruction.

**Column 5:** See Section 3, Column 9 instruction.

**Column 6:** See Section 3, Column 10 instruction.

**Column 7:** See Section 3, Column 11 instruction.

**Column 8:** See Section 3, Column 15 instruction.

**Column 9:** Enter the apportioned license plate number that is to be transferred or returned to the IRP Unit.

**Column 10:** Enter the Unit Number of the vehicle replacing the deleted vehicle.

### SECTION 5

Place an **X** in the box to designate the Transaction Type to be processed.



**Schedule G**

The State Form Schedule G (Form INIRP-G) is used when establishing a New IRP Account and for attaining a history of the Applicant's previous experience in the IRP. It is also used for a New Fleet or adding a jurisdiction to an existing fleet. A "Plan of Operation" which reflects the Applicant's Estimated Miles in lieu of Indiana's Estimated Miles is submitted on the Schedule G.

The "Plan of Operation" is the number of miles from the start point to the end point multiplied by the number of trips in the same Registration Year. The Estimated Miles may be used in lieu of Indiana's Estimated Miles, if deemed acceptable by the IRP Unit.

If the Applicant had a previous history in IRP, then a copy of the prior registration cab card is to be submitted with the Schedule G.

*Indiana Department of Revenue*  
**International Registration Plan**  
**ESTIMATED MILES AND FIRST YEAR APPLICANTS**  
**SCHEDULE G**

Attach to Schedule B or BN

(1) Account Name:

(2) IRP Account Number (and Fleet Number if applicable)

(3) Describe how your vehicle was registered in the prior year? (Check One)

- ☐ Indiana Intrastate Plate      Enter Name and Plate Number: \_\_\_\_\_
- ☐ Indiana IRP Plate      Enter Name and Plate Number: \_\_\_\_\_
- ☐ Foreign Vehicle Plate      Enter Name, State, and Plate Number: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

**YES    NO**

(4) Have the vehicle(s) been previously registered in IRP?..... ☐ ☐

(5) Have any other vehicle(s) been registered in IRP under this account name or any other account name? If yes, attach copies of the apportioned cab card(s) ..... ☐ ☐

(6) Is your vehicle(s) currently leased to lessee?..... ☐ ☐  
If yes, enter the name and address of the lessee:

\_\_\_\_\_

(7) Have the vehicles been previously registered under any other name? ..... ☐ ☐  
If yes, list each name and address:

\_\_\_\_\_

(8) Have Estimated Miles been reported in the jurisdiction(s) in which you are currently registering in? ..... ☐ ☐

(9) If you are currently IRP registered or if you have been previously registered in IRP, explain why Estimated Miles are being reported:

If you are Estimating Miles in any jurisdiction, you must show how those milages were determined below. If your Estimated Mils are not considered reasonable , they will be adjusted to Indiana's Estimated Miles. This form must be completed before your application can be processed..

**Instructions:** For each trip, list the new jurisdiction(s) through which you traveled, the Estimated *Miles traveled within that jurisdiction*, and the estimated number of trips and vehicles. This should yield the total Estimated Miles that you are reporting.

Estimated Jurisdiction: <b>PENNSYLVANIA</b> <b>EXAMPLE</b>									
City	State		City	State	Mileage	X	Trips	X	Vehicles = Total Estimated Mileage
Indianapolis		to:	Pittsburgh		48		10		1 = 480
Pittsburgh		to:	Indianapolis		48		10		1 = 480
									Total Estimated Miles: 960

Estimated Jurisdiction:									
City	State		City	State	Mileage	X	Trips	X	Vehicles = Total Estimated Mileage
		to:							
		to:							
									Total Estimated Miles:

Estimated Jurisdiction:									
City	State		City	State	Mileage	X	Trips	X	Vehicles = Total Estimated Mileage
		to:							
		to:							
									Total Estimated Miles:

Estimated Jurisdiction:									
City	State		City	State	Mileage	X	Trips	X	Vehicles = Total Estimated Mileage
		to:							
		to:							
									Total Estimated Miles:

*Attach additional sheets if necessary.*

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Owner or Corporate Office

Date

Title/Print Name

Telephone Number

# State Sales Tax

## **Sales Tax**

If applicable, a five percent (5%) Indiana State Sales Tax is due to the Dealer, your local Bureau of Motor Vehicle's license branch or the IRP Unit when titling the vehicle. Purchasers who are a carrier hauling for hire and have a Registered Retail Merchant's Certificate Number (RRMC#) are exempt from the sales tax. If the purchaser is leased to an exempt carrier, then the RRMC# of the exempt carrier must be provided at the time of proportionally registering the vehicle.

All the non-exempt Sales Tax vehicle owners are required to file a Business Tax Application (Form BT-1). Sole Proprietorships must register in the legal name and provide their Social Security Number (SSN). Partnerships and Corporations must register in the legal name and provide their Federal Identification Number (FIN).

There is a one time \$25.00 application fee payable to the Indiana Department of Revenue.

BT-1 instructions are on pages 77 .



Form BT-1  
SF 43760  
(Revised 1-00)

## Indiana Department of Revenue Business Tax Application

(Please print legibly or type the information on this application.)

**A separate application is required for each business location.**

### Section A: Taxpayer Information (see instructions on page 1) Contact the Department at (317) 615-2700 for more information regarding this application.

<b>1. Federal Identification Number:</b> _____	<b>2. If this business is currently registered for any Indiana tax under this ownership, enter your Taxpayer Identification Number:</b> _____																																			
<b>3. Owner name, Legal name, Partnership name, Corporate name or Other entity name:</b> _____  <b>If sole owner (Last name, First name, Middle Initial:</b> _____  <b>Mailing Address:</b> _____  <b>City:</b> _____ <b>State:</b> _____ <b>Zip Code:</b> _____ <b>County:</b> _____																																				
<b>4. Check the type of organization of this business:</b> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LL <input type="checkbox"/> Corporati <input type="checkbox"/> I <input type="checkbox"/> Fed <input type="checkbox"/> vt Other <input type="checkbox"/> vt Other <input type="checkbox"/>																																				
<b>5. All corporations answer the following questions: Otherwise, proceed to Question 6.</b> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20%; vertical-align: top;"><b>A. State of Incorporation:</b> _____</td><td style="width: 40%; vertical-align: top;"><b>B. Date of Incorporation:</b> ____/____/____ Month Day Year</td><td style="width: 40%; vertical-align: top;"><b>C. State of Commercial Domicile:</b> _____</td></tr><tr><td style="vertical-align: top;"><b>D. If not incorporated in Indiana, enter the date authorized to do business in Indiana.</b> ____/____/____ Month Day Year</td><td colspan="2" style="vertical-align: top;"><b>E. Accounting period year ending date:</b> ____/____ Month Day</td></tr></table>		<b>A. State of Incorporation:</b> _____	<b>B. Date of Incorporation:</b> ____/____/____ Month Day Year	<b>C. State of Commercial Domicile:</b> _____	<b>D. If not incorporated in Indiana, enter the date authorized to do business in Indiana.</b> ____/____/____ Month Day Year	<b>E. Accounting period year ending date:</b> ____/____ Month Day																														
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<b>D. If not incorporated in Indiana, enter the date authorized to do business in Indiana.</b> ____/____/____ Month Day Year	<b>E. Accounting period year ending date:</b> ____/____ Month Day																																			
<b>6. Owner, Partners, or Officers (Attach separate sheet if necessary.)</b> <b>Social Security Numbers are required in accordance with IC 4-1-8-1.</b> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 15%;">Social Security Number</th><th style="width: 25%;">Last Name, First Name, Middle Initial</th><th style="width: 10%;">Title</th><th style="width: 20%;">Street Address</th><th style="width: 10%;">City</th><th style="width: 10%;">State</th><th style="width: 10%;">Zip Code</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>		Social Security Number	Last Name, First Name, Middle Initial	Title	Street Address	City	State	Zip Code																												
Social Security Number	Last Name, First Name, Middle Initial	Title	Street Address	City	State	Zip Code																														
<b>7. Name of contact person: (Person responsible for filing tax forms)</b> 	<b>8. Contact person's Daytime Telephone Number:</b> (     )     EXT																																			
<b>9. Business trade name or DBA:</b> (This name and address is for the business location.) _____  <b>Street Mailing Address:</b> (P.O. Box numbers cannot be used as a business location address.) _____  <b>City:</b> _____ <b>State:</b> _____ <b>Zip Code:</b> _____  <b>County:</b> _____ <b>Township:</b> _____ <b>Tax District Number: (Motor Vehicle Rental only)</b> _____																																				
<b>10. Business Location Telephone Number:</b> (     )     EXT	<b>11. North American Industry Classification System (NAICS):</b> Please enter a primary and any secondary code(s) that may apply. <table style="width: 100%;"><tr><td style="width: 50%; text-align: center;">____/____/____ <b>PRIMARY</b></td><td style="width: 50%; text-align: center;">____/____/____</td></tr><tr><td style="text-align: center;">____/____/____</td><td style="text-align: center;">____/____/____</td></tr></table>	____/____/____ <b>PRIMARY</b>	____/____/____	____/____/____	____/____/____																															
____/____/____ <b>PRIMARY</b>	____/____/____																																			
____/____/____	____/____/____																																			

☐ Prepaid Gasoline Sales Tax (\$100.00 registration fee required for qualified distributors; complete Section G.)

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

14. If yes, from vending machines only?.....

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Section D: Food and Beverage Tax Registration (see instructions on page 2)****(No Registration Fee)****Contact the Department at (317) 233-4015 for more information regarding this tax.**

1. Date of first sales at this location under this ownership:

Month			Year				

2. Will prepared foods or beverages be catered from this location into other counties?

Yes ☐ No ☐

3. If yes, enter the name(s) of the county(ies) and associated municipality.

County

Municipality  
(City or Town)

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

**Section E: County Innkeepers Tax Registration (see instructions on page 2)****(No Registration Fee)**

1. Date room rentals or accommodations begin from this location:

Month			Year				

**Section F: Motor Vehicle Rental Excise Tax Registration (see instructions on page 3)****(No Registration Fee)****Contact the Department at (317) 233-4015 for more information regarding this tax.**

1. Date motor vehicle rental or leasing begins:

Month			Year				

2. If the address shown on Section A, Line 9 is in Indiana, make sure that a tax district number has been entered on that line.

3. If you are renting or leasing from a location outside Indiana and the vehicles carry Indiana plates, enter the tax district number(s) to receive excise tax credit:

\_\_\_\_\_

**Section G: Prepaid Sales Tax on Gasoline for Qualified Distributors (see instructions on page 3)****(\$100.00 Registration Fee)****Contact the Department at (317) 232-3524 for more information regarding this tax.**

1. Enter your Indiana licensed gasoline distributor number: \_\_\_\_\_

2. Date of first gasoline sale:

3. Estimated number of gallons purchased/sold monthly: \_\_\_\_\_

Month			Day		Year				

4. Mailing name and address for prepaid sales tax returns (if different from Section A, Line 3):

In care of: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. Name of contact person:

6. Contact Person's Daytime Telephone Number:

(      )

EXT

**All retail merchants who are issued a permit to collect Prepaid Sales Tax on Gasoline will be required to file monthly detailed reports (ST-103QD) with the Department.**

A Prepaid Sales Tax Permit (BT-2) is not assignable and is valid only for the distributor in whose name it is issued.

**Bonding Procedure**

Concurrently with the filing of this application for a permit, a qualified distributor **must** file a bond with the Department. Below is the prescribed formula for calculating the correct bond amount.

Estimated average number of gallons supplied monthly from Section G, Line 3.....	1. _____
Multiply Line 1 by .033 (Round to the nearest dollar amount).....	2. _____
Estimated bond amount (multiply the amount on Line 2 by 3).....	3. _____

The amount on Line 3 is the amount of your bond, provided it is at least two thousand dollars (\$2,000) which is the minimum bond amount. Indiana Code 6-2.5-7-8 states that the Department shall determine the amount of the distributor's bond. Please use the most accurate figures available to avoid a deficient bond. Please enclose Bond Form ST-160 or another form of surety and return it to the Department with this application.

**In order to obtain a permit to collect Prepaid Sales Tax on Gasoline, the Indiana Department of Revenue requires that each refiner, distributor or terminal operator agrees to make payment to the Department by means of "Electronic Funds Transfer" as defined in I.C. 4-8.1-2-7. An EFT authorization must be completed and returned to the Department. For further information regarding EFT filing, and/or EFT authorization agreement contact the Department at (317) 232-5500.**

**Signature Section**

**Contact the Department at (317) 615-2700 for more information regarding this application.**

I hereby certify that the statements are correct.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

This application **must** be signed by the owner, general partner, corporate officer, or resident agent **before it will be accepted by the Department.** (I.C. 6-8.1-3-4)

**NOTE:** Failure to remit sales tax due and/or income tax withheld is a felony punishable by imprisonment, a fine of \$10,000 plus a 100% fraud penalty.

**The partners or corporate officers are each personally, jointly and severally liable for the sales and use tax\* collected and the withholding tax withheld. These taxes are trust fund taxes and are not discharged in bankruptcy proceedings.**

**\*This includes: County Innkeepers Tax (CIT), Food and Beverage Tax (FAB), Prepaid Sales Tax, and Motor Vehicle Rental and County Supplemental Excise Tax.**

Upon completion of appropriate sections, sign, date and mail the application and fee(s) if applicable to:

**INDIANA DEPARTMENT OF REVENUE  
SYSTEM SERVICES  
P O BOX 6197  
INDIANAPOLIS IN 46206-6197**



## Supporting Documentation

When submitting State Forms or Supporting Documentation to the IRP Unit, Registrants are to provide their IRP Account Number, Social Security or Federal Identification Number, and US DOT Number where requested.

Please provide the responsible entity's International Fuel Tax Number or Intrastate Motor Carrier Tax Number in the appropriate area.

Please provide, when necessary, a signed Power of Attorney form indicating the Registrant's designee to conduct the fleet's business.

Where indicated, State Forms must be signed, in ink, by the Registrant or the designee.

Each State Form is included for your convenience, and ready for immediate use, or copying.

### Supporting Documentation

#### Proof of Ownership (title)

Indiana IRP Registrants must have a valid Indiana title, or a title application prior to the issuance of an Indiana apportioned credential. A photocopy of the title or title application must accompany any vehicle registration application.

In a lease agreement relationship, if the lessee is the Registrant, then title will remain in the name of the lessor. A photocopy of the Indiana title or photocopy of the out-of-state title is required to be submitted with a copy of the lease agreement when initially registering in Indiana IRP. If you were previously registered in a non-title jurisdiction, the current credential registration and Bill of Sale are required.

An Indiana title cost is \$11.00 for non-priority title processing. Indiana speed titles printed overnight and delivered to Motor Carrier Services Division (MCSD) cost \$26.00. A delinquent fee of \$15.00 is assessed by the Bureau of Motor Vehicles for title applications filed later than thirty one (31) days after the date of purchase. If you owned the vehicle and you were registered in any member jurisdiction, a copy of the previous year's base registration cab card and a copy of the title **must** accompany the registration application.

Indiana titles may be obtained at your local Bureau of Motor Vehicle's license branch or Motor Carrier Services, if you have an active Indiana IRP account or are in the process of establishing an initial IRP Account.

#### Change in Name or Ownership

There are occasions when a change of company name results in an exemption from Indiana Sales or Use Tax and allows a license plate to transfer from the previous name to the new name. Most name changes involve an ownership change, which requires payment of tax and the purchase of a new license plate; however, there are some name or ownership changes that qualify as only a name change. The situations described below involve a change in name only, not ownership and **do not** require the payment of Indiana Sales Tax on the title change, **but would** require Actual Miles to be reported on Schedule B:

A change from an individual name to a company name, but **not** a change to a corporation;

A name change from a company name, not a corporation, to an individual name if the Federal Identification Number remains the same;

Individual entity to newly formed corporation in exchange for stock;

A change only in the corporate name, but not a change in the articles of incorporation;  
A wholly-owned subsidiary formerly titled by the parent corporation;

A name change which reflects the merger of two corporations, where the surviving corporation retains the same Federal Identification Number previously registered in IRP.

The situations described next are a name change only but require the establishment of a New IRP Account and the payment of sales tax when re-titling:

A change from an individual to an existing corporation;

A change from an existing corporation to an individual;

A corporate dissolution.

If the title transfer is **not** considered tax-exempt, then a New IRP Account must be created and new registration credentials obtained.

Approval from the Title Division of the Bureau of Motor Vehicles must be obtained prior to any transaction being considered tax-exempt and the license plate being transferred and registered in the new name. A copy of the approved Form 241 from the Bureau of Motor Vehicles and the corrected title must accompany the name change requests to the IRP Unit.

To clarify any questions regarding qualifying for only a change of name and the accompanying tax exemption, please contact the Title Division of the Bureau of Motor Vehicles in the Indiana Government Center North, Room N440, Indianapolis, Indiana 46204 or by calling (317) 232-2793 and request a Form 241.

Vehicle titles are Supporting Documentation for the following IRP Transaction Types: establishing a New IRP Account, additional vehicles to the IRP fleet, apportioned license plate transfers within the same fleet, name change, body type change, glider kit, lessor name change, model year change and VIN correction.

#### **Lease Agreements**

A copy of the existing Lease Agreement is necessary for IRP Registrants who declare the lessee as the Registrant. The Lessor's full name must be indicated in the lease. Lease Agreements are **not** required on renewal vehicles unless there is a change in the Lease Agreement that is currently on file with the IRP Unit.

An alternative to the submission of an entire Lease Agreement is currently in development.

Lease Agreements are Supporting Documentation, when applicable, for the following IRP Transaction Types: additional vehicles to the IRP fleet, apportioned license plate transfers within the same fleet or to another fleet within the same Registrant account, Initial Registration, lessor name change, and name change.

#### **Proof of Financial Responsibility**

Effective January 1, 1983, Indiana law provided that every motor vehicle registered in the State of Indiana must have a Proof of Financial Responsibility statement.

A Proof of Financial Responsibility statement includes one of the following:

A Motor Vehicles Insurance Policy.

A Self-Insurance Certificate from the Bureau of Motor Vehicles.

**Note:** Place your Certificate of Self-Insurance Number in the policy number block on the Schedule A.

A minimum of \$40,000 in Securities or Cash deposited with the Treasurer of Indiana.

**Note:** Place the word "**Bond**" in the insurance company block on the Schedule A.

Falsification of this information will subject you to a jail term of up to two years, a fine of up to \$10,000, and suspension of your driver's license for a period of up to one year.

### **Federal Heavy Vehicle Use Tax (FHVUT)**

In accordance with the Rules and Regulations of the Internal Revenue Service, proof of payment of the FHVUT must be verified prior to the issuance of IRP credentials.

Highway motor vehicles that have a taxable declared gross weight of 55,000 pounds or more are subject to this tax. The payment of Federal Heavy Vehicle Use Tax, (Form 2290), is a prerequisite to the registration of the vehicle in Indiana. The Tax Reporting period is July 1 through June 30 of any given year.

Indiana IRP accepts the following as Proof of FHVUT Payment:

Receipted Schedule I (Form 2290) returned to the taxpayer by the IRS. Receipted Schedule I is required for Suspension of Tax Liability for vehicles operating 5,000 miles or less (7,500 for Agricultural Vehicles) or a non-receipted photocopy of Form 2290 with Schedule I and a photocopy of both sides of the processed check, of the money order or cashier's check that was used for payment.

Receipted Schedule I (Form 2290) will be accepted as Proof of Payments without a listing of vehicle identification numbers if tax is paid on more than 21 vehicles.

On a newly purchased vehicle, you must file a 2290 return with the IRS by the last day of the month following the month of the vehicle's first taxable use in the Tax Period, even if you are filing the return to suspend the tax for any vehicle. For example, if you use a vehicle in October, you must file a return by November 30.

Proof of payment for the FHVUT 2290 is required when qualified vehicles are added to a fleet, apportioned license plate transfers within the same fleet or to another fleet within the same Registrant account, or establishing a New IRP Account or Fleet.

Registrants are required to maintain copies of all your Federal Heavy Vehicle Use Tax Returns, Form-2290 and Schedules for at least the previous three years plus the current year.

**Note:** The Indiana Motor Carrier Services Division does collect the FHVUT tax. MCSD is not authorized to set up any quarterly payment plans, however, quarterly payments can be made if previously set up by the Internal Revenue Service. All checks must be made payable to the Internal Revenue Service; cash and credit cards are not accepted for this tax by Motor Carrier Services. For inquiries regarding this tax, please contact the Internal Revenue Service at the telephone number provided in the introduction.

### **US DOT Number**

IRP Registrants are required to obtain a US DOT Number, in the name of the Registrant, regardless of any Lease Agreement. Registrants may verify their US DOT Number or to apply for a US DOT Number, by calling the telephone number shown in the introduction.

Lessee Registrants must provide the IRP Unit the US DOT Number of the lessor.

### **Other Requirements**

If you are a For Hire Carrier hauling regulated commodities, you are required to have an ICC/MC Number.

When the ICC/MC Number is obtained, you will need to register that number with the Single State Registration Unit. For attaining more information on SSRS, you may contact the Safety and Insurance Unit at the telephone number provided in the introduction.

**There are examples of the above items in the Appendix. Please refer to the Table of Contents to locate a particular item.**

# New Account Process

## Establishing an Indiana New IRP Account

Prior to operating qualifying vehicles on an Interstate basis, carriers must fully register in their member base jurisdiction. When registering for an Indiana IRP Account, applicants are required to complete State Forms Schedule A, B or BN, and Schedule G. Supporting Documentation are copies of vehicle titles or title applications, proof of payment of Heavy Vehicle Use Tax and Lease Agreements, if applicable, to complete proper apportioned registration. If previously registered in IRP, prior registration is needed as well.

A New IRP Account registration may begin only after all the necessary forms and Supporting Documentation have been received by the IRP unit.

After an IRP Account has been established, transactions to the account, fleet or vehicle may take place through out the Registration Year. For a listing of Transaction Types, please see Schedule C of the State Forms, pages 22-23.

Upon establishing a New Account and/or processing transactions during the Registration Year, the IRP Account must be renewed. The following explains the registration renewal process.

# Renewal Process

## Renewal Schedule A

For the convenience of the Registrants, the IRP Unit preprints the current IRP Account information for registration renewals. The computer generated Schedule A form reflects the full status of your fleet by individual vehicle at the time of printing. The IRP Unit will mail the renewal packets in October to Registrants in good standing. Please insure that all the information is accurate and complete prior to submitting the Renewal Schedule A.

Here are helpful hints to assist the IRP Unit for efficient processing of your preprinted Renewal Schedule A:

Verify that the Social Security Number or Federal Identification Number and the US DOT Number are that of the Registrant.

Changes to any information should be made by drawing a line through the changed information and writing the correct information in the appropriate place.

To *delete a vehicle*, draw a line through the vehicle information with the word “Delete” legibly written.

Verify the weights and states listed for each vehicle.

To *delete a jurisdiction*, draw a line through the weight listed in that jurisdiction for the first vehicle on the Schedule A.

To *increase or decrease a weight*, draw a line through the previous weight then list the new weight to the right or same line as the jurisdiction.

If you are requesting a Five-Year Semi-Trailer plate, write “5ST” in Column 2 of Schedule A.

If you are requesting a permanent Semi-Trailer plate, write “PST” in Column 2 of Schedule A.

*Additional vehicles* to a fleet should be listed on a Schedule C with Supporting Documentation. They may be submitted with the Renewal Application. If Interstate operating of the additional vehicle is desired prior to the expiration of your current Registration Year, then two (2) separate Schedule C’s must be submitted; one for the current year (along with Supporting Documentation) and one for the next Registration Year. Supporting Documentation needs only to be submitted for the current Registration Year (the IRP Unit will use it for the next Registration Year Supporting Documentation).

*Additional Jurisdiction* is shown by writing the vehicle weight to the right of the added jurisdiction, on the Schedule A; then list the Estimated Miles or Actual Miles on the Schedule B.

## Renewal Schedule B

When a Registrant is renewing a fleet, a Schedule B must be submitted with the accrued miles for each jurisdiction the registered vehicles operated in during the Mileage Reporting Period. If the fleet contains more than one (1) vehicle, then the sum of all vehicle miles are submitted for the jurisdictions they operated in.

Here are helpful hints to assist the IRP Unit for more efficient processing of your Schedule B:

Miles submitted are to be Actual Miles, Estimated Miles, or Reported Miles accrued during the appropriate Mileage Reporting Period.

Provide all of the requested information.

Identify the correct jurisdictions in which proportional registration is sought.

## Renewal Supporting Documentation

Proof of payment for the FHVUT Schedule 1 for each renewal vehicle for the current Tax Reporting Period.

Applicable Lease Agreements.

## Renewal Hints:

All renewal applications postmarked on or before the first business day in January will receive their renewed registration credentials before March 31, 2001. IRP Registration Renewals received after that date **will not** be guaranteed the issuance of renewed registration credentials prior to April 1 enforcement date.

**All non-renewed apportioned license plates and cab cards must be in the IRP Section *on or before* April 17th. Non-returned apportioned license plates will be billed full year registration fees.**

After the printing of the Renewal Schedule A, all account transactions, New Fleets and New IRP Accounts will be processed for the current Registration Year. The Registrant is responsible for initiating a transaction for the current Registration Year and if desired, the next Registration Year. Indiana IRP will process the transaction according to the Registrant's request.

During the renewal season, Indiana IRP offers specific dates during December when you can receive one on one help at any of the Department of Revenue's ten (10) District Offices. For dates and locations please review the insert in your renewal packet.

## Calculating Your Fees

The IRP Unit will calculate fees and produce Billing Notices on all transactions submitted by Registrants. The following information explains *how* your fees are calculated.

The apportioned percentage is calculated by dividing in-jurisdiction Actual Miles by Total Fleet Actual Miles generated during the preceding Mileage Reporting Period (July 1 – June 30) and shown on the Schedule B, then computed to the nearest thousandth. This percentage remains in effect for all transactions processed during the Registration Year. Note: If in-jurisdiction miles are estimated, the miles are divided by the total Actual and Estimated fleet miles.

The fee for each vehicle is based on the Fee Schedule for each jurisdiction. Add the fees for the vehicles in the fleet to determine the total amount of registration fees, per jurisdiction, to register all the vehicles.

Multiply the amount of total fees, per jurisdiction, by the percentage.

The total fees are multiplied by the percentage equating to the amount owed for each jurisdiction.

The combined fees for all jurisdictions is the total apportioned fee due for apportioned registration of the fleet (for that Registration Year).

The following example illustrates how apportioned registration license fees are calculated:

An 80,000 lb. Tractor is Indiana-based and operates in Illinois, Kentucky, and Ohio. The total preceding year Actual Mileage for the Tractor was 100,000 with an exact 25,000 miles in each of the four jurisdictions. Under the apportioned registration, the license fees will be computed as follows:

Jurisdiction	Jurisdiction Mileage	Percentage of Total		Full Year Fees per Jurisdiction		Apportioned Fees
Indiana	25000	0.25	X	1350	=	337.5
Illinois	25000	0.25	X	2790	=	697.50
Kentucky	25000	0.25	X	1260	=	325
Ohio	25000	0.25	X	1630	=	407.50
Total	10000			7030		1767.50

Individual fee schedules are seldom this simple. The Billing Notice will present all percentages and fees.

#### Prorated Fees

Beginning with the 1996 Registration Year, vehicles registered with the purchase of a new apportioned license plate on or after October 1, are currently assessed a prorated Indiana registration fee for the remaining months of the current Registration Year. The fee is prorated from the full year fee to a monthly basis. It is for the remaining months of the Registration Year, with a partial month being considered a full month for fee purposes. Registrations *before* October 1 are currently subject to the full year Indiana fee registration.

**NOTE:** In Indiana, 5-year Semi-Trailer or permanent Trailer apportioned license plates, or 3,000 lb. Trailer plates are not affected by the prorating of fees.

The following is Indiana's fee schedule. To obtain a fee schedule for IRP member jurisdictions, please contact the IRP Unit at the telephone number shown in the introduction.

**Trucks (TK) (Single):** Every motor vehicle designed, used or maintained primarily for the transportation of property.

Declared gross weight not to exceed:

16,000 lbs	\$ 135.00
20,000 lbs	175.00
23,000 lbs	235.00
26,000 lbs	235.00
30,000 lbs	295.00
36,000 lbs	413.00
42,000 lbs	506.00
48,000 lbs	627.00
54,000 lbs	730.00
60,000 lbs	810.00
66,000 lbs	858.00
Over 66,000 lbs	956.00

**Tractors (TR, TT, or RT)**

**Mobile Home Toter or Road Tractor (RT):** Every motor vehicle designed and used for drawing other vehicles and not so constructed as to carry any load thereon either independently or any part of the weight of a vehicle or load so drawn. Mobile Home Toters or Road Tractors must be proportionally license plated at the maximum gross weight of the combination of Power Unit and unit(s) being towed (combined gross weight). Some jurisdictions register on unladen or gross weight.

The vehicle type for Mobile Home Toters is “RT”, and fees will be calculated according to the Tractor Fee schedule.

**Tractor (TR):** A motor vehicle designed and used primarily for drawing other vehicles but not so constructed as to carry a load other than a part of the weight of the vehicles and load so drawn.

**Truck-Tractor (TT):** A motor vehicle designed and used primarily for drawing other vehicles but so constructed to carry a load other than a part of the weight of the vehicle and load so drawn.

Declared gross weight not to exceed:

20,000 lbs	\$170.00
26,000 lbs	310.00
30,000 lbs	390.00
36,000 lbs	495.00
42,000 lbs	545.00
48,000 lbs	660.00
54,000 lbs	715.00
60,000 lbs	800.00
60,000 lbs	865.00
72,000 lbs	975.00
74,000 lbs	1050.00
76,000 lbs	1165.00
78,000 lbs	1240.00
Over 78,000 lbs	1350.00

**Wreckers (WR):** Wrecker/Recovery Vehicle, effective with the 1990 Registration Year, all Recovery Vehicles with 3 or more axles or having a gross or combined gross weight in excess of 26,000 pounds, and are used in two or more IRP jurisdictions, are required to purchase an apportioned Recovery Vehicle plate. Fees will be assessed according to the Wrecker schedule.

A Recovery Vehicle in Indiana must be proportionally registered for the maximum gross weight the Wrecker will carry on its own axles. Some jurisdictions register Recovery Vehicles on unladen or gross weight.

The IRP application should continue to reflect TK (Truck) or TR (Tractor) under vehicle type; however, the word “WRECKER” must be indicated clearly on the Schedule A or Renewal. Weights listed should reflect the actual weights for which registration is sought.

Tractors used for both purposes (hauling and recovery) are to be proportionally registered as Tractors and not as Wreckers.

Vehicles exempt from the new Wrecker requirements are those Recovery Vehicles owned by a person who uses the Recovery Vehicle only to move equipment that he or his subsidiary owns or leases.

Declared gross weight not to exceed:

16,000 lbs	\$75.00
Over 16,000 lbs	500.00



**Full-Trailers (FT):** Every vehicle without motive power, designed for carrying persons or property and for being drawn by a motor vehicle and so constructed that no part of its weight rests upon the towing vehicle.

Declared gross weight not to exceed:

3,000 lbs	\$7.00
5,000 lbs	16.00
7,000 lbs	22.00
9,000 lbs	27.00
12,000 lbs	70.00
16,000 lbs	110.00
22,000 lbs	170.00
Over 22,000 lbs	230.00

**Semi-Trailers (ST):** A vehicle without motive power, designed for carrying persons or property and for being drawn by a motor vehicle and so constructed that some part of its weight and that of its load rests upon or is carried by the towing vehicle.

Semi-Trailer (1 Year)      \$30.00

**Five Year Semi-Trailer (5-ST)**

First year	\$60.00
Second year	48.00
Third year	36.00
Fourth year	30.00
Fifth year	30.00

For Five (5) Year Semi-Trailer apportioned license plates, five (5) years of Indiana fees (including County Wheel Tax if applicable) and one (1) year of foreign tax are collected at the time of initial registration. The cab card is valid for five (5) years but the full foreign fees are due for each registration renewal.

**Permanent Semi-Trailer (PST)**

Permanent Semi-Trailer      \$65.00

The full fee of \$65.00 is collected at the time of initial registration. The cab card is valid for the full term of the apportioned license plate. There is no expiration date shown, but the annual renewal fee of \$2.00 will be collected on the renewal Billing Notice, unless the Semi-Trailer is deleted from the fleet and the credentials returned. A new cab card will not be issued; however, if your renewal Billing Notice is not paid, your Semi-Trailer apportioned license plates are invalid. One (1) year of foreign fees are included with the initial Billing Notice and each annual renewal. These apportioned license plates are non-transferable.

**Buses (BS):** A vehicle designed for carrying more than ten (10) passengers and used for the transportation of persons. When completing your IRP renewal application, the seating capacity, horsepower, unladen weight, and combined gross weight should be provided.

Buses used in "Pool" operations are required to proportionally register in all jurisdictions. Registration for such "Pool" fleets will be based solely on the relationship of base jurisdiction miles versus Total Miles operated as follows:

The Registrant must file an apportioned application with the base jurisdiction listing Buses assigned in pools.



## Commercial Excise Tax

At the option of the Registrant, Total Miles may be the sum of all actual in jurisdiction miles or a sum equal to the scheduled route miles per jurisdiction from the farthest point of origination to the farthest point of destination of the scheduled pool.

After determining the Total Miles by either of the above methods, in-jurisdiction mileage percentages shall be derived by dividing the total miles into the in-jurisdiction miles.

Miles generated outside the designated pool are deemed to be Reciprocity Miles.

Apportioned registration for charter Buses based in Indiana is optional. If apportioned, it is a requirement to apportion for all states in which mileage is accrued.

### BUS A - (Commercial Intercity)

Declared gross weight not to exceed:

16,000 lbs	\$100.00
20,000 lbs	125.00
26,000 lbs	150.00
30,000 lbs	220.00
36,000 lbs	294.00
42,000 lbs	382.00
48,000 lbs	445.00
54,000 lbs	540.00
60,000 lbs	600.00
Over 60,000 lbs	660.00

Bus C - (Not For Hire)     \$30.00

### Commercial Vehicle Excise Tax

Effective January 1, 2000, the Indiana fee module must be changed to add a new Commercial Vehicle Excise Tax. The Indiana apportioned fees have remained the same, however the Excise Tax will be in addition to those fees.

### Qualifying Commercial Vehicles

The Commercial Vehicle Excise Tax will apply to all Tractors, Trucks, Truck-Tractors, Trailers and Semi-Trailers. Buses subject to apportioned registration under the International Registration Plan are exempt from this tax.

### Calculating the Tax

Owners of commercial vehicles paying an apportioned registration to the State of Indiana under the International Registration Plan, shall pay an apportioned tax calculated by dividing in-state Actual Miles by Total Fleet Miles generated during the preceding year. If in-state miles are estimated for purposes of proportional registration, those miles are divided by total Actual and Estimated fleet miles.

The apportioned Commercial Vehicle Excise Tax will be calculated according to the following formula:

$$\text{Tax Rate} \times \text{Indiana Mileage Percentage} = \text{Apportioned Commercial Vehicle Excise Tax.}$$

### Tax Due Date

The tax is due at the time the Registrant submits payment for the annual renewing of apportioned registrations. The payment of the Excise Tax imposed shall be a condition of the right to register or re-register the vehicle.

Penalties and interest are applied if the Registrant fails to pay the Excise Tax.

### IRP Jurisdictions Reporting Collection of the Indiana Excise Tax

The Excise Tax collected is a dedicated fund and is to be reported on the Indiana IRP Recap/Transmittal as a separate line item from the Indiana registration fee. The Recap/Transmittal should include: the full Excise Tax rate, the mileage percentage, the apportioned Excise Tax fee collected, the weight classification, the full registration fee, the apportioned registration fee and the total amount collected.

### **Clarification of Commercial Vehicle Excise Tax Fee Schedule**

The first fee schedule below is to be used for all vehicles that are classified as a Truck. The second fee schedule is to be used for all vehicles that are classified as a Tractor, including Truck-Tractors and Road Tractors. The third fee schedule is to be used for all Full-Trailers. There is a one-dollar fee for all Semi-Trailers. Both of these fees (for Trailers) will only be collected on Indiana based Trailers.

All apportioned license plate transfers will be charged at the full rate for the new vehicle.

Weight increases will be charged the difference in Excise Tax between the old weight and the new weight.

The Indiana Commercial Vehicle Excise Tax is apportioned by the Indiana mileage percentage factor. (The excise tax for the calendar year 2000 **is not** prorated on a monthly basis).

The Excise Tax due for the Registration Year 2001 will be determined in September 2001. All IRP Registrants will be notified by MCSD of the impending changes.

The following is the current Indiana Excise Tax fee schedule.

#### **Declared Gross Weight (pounds)**

Greater than	Equal to or less than	Tax
11,000 lbs.	16,000 lbs.	\$11
16,000 lbs.	20,000 lbs.	14
20,000 lbs.	23,000 lbs.	19
23,000 lbs.	26,000 lbs.	19
26,000 lbs.	30,000 lbs.	23
30,000 lbs.	36,000 lbs.	33
36,000 lbs.	42,000 lbs.	40
42,000 lbs.	48,000 lbs.	50
48,000 lbs.	54,000 lbs.	58
54,000 lbs.	60,000 lbs.	64
60,000 lbs.	66,000 lbs.	68
Over 66,000 lbs.		76

#### **Based on the declared gross weight of the Tractor-Semi-Trailer combination**

##### **Declared Gross Weight (pounds)**

Greater than	Equal to or less than	Tax
0 lbs.	20,000 lbs.	\$13
20,000 lbs.	26,000 lbs.	25
26,000 lbs.	30,000 lbs.	31
30,000 lbs.	36,000 lbs.	39
36,000 lbs.	42,000 lbs.	43
42,000 lbs.	48,000 lbs.	52
48,000 lbs.	54,000 lbs.	57
54,000 lbs.	60,000 lbs.	63
60,000 lbs.	66,000 lbs.	69
66,000 lbs.	72,000 lbs.	77
72,000 lbs.	74,000 lbs.	83
74,000 lbs.	76,000 lbs.	92
76,000 lbs.	78,000 lbs.	98
Over 78,000 lbs.		107

##### **Declared Gross Weight (pounds)**

Greater than	Equal to or less than	Tax
3,000 lbs.	5,000 lbs.	\$1
5,000 lbs.	7,000 lbs.	2
7,000 lbs.	9,000 lbs.	2
9,000 lbs.	12,000 lbs.	6

## Wheel Tax

12,000 lbs	16,000 lbs.	9
16,000 lbs	22,000 lbs.	13
Over 22,000 lbs.		18

### County Wheel Tax

Indiana has counties that have a County Wheel Tax due on all vehicles. The following counties are subject to wheel tax.

Brown	Jay	Posey
Davies	Marion	Putnam
Dubois	Montgomery	Rush
Fayette	Monroe	Sullivan
Fountain	Owen	Union
Gibson	Parke	Vanderburgh
Howard	Perry	Vigo
		Warrick

The IRP Unit will calculate the County Wheel Tax due and distribute those monies to the designated county. The County Wheel Tax is refunded only through the appropriate county official. It is transferable from one vehicle that is deleted and replaced by another vehicle.

## Other Fees

### Issuance Fees

In addition to the registration fees, there are other fees included in the total amount due on a Billing Notice.

The following shows the other fees associated with an apportioned license plate replacement or apportioned license plate transfer transaction. This includes a cab card and/or duplicate cab card issued:

Replacement License Plate:	\$3.00
Transferred Licensed Plate:	\$3.75*
Cab Card:	\$5.00
Duplicate Cab Card:	\$1.00

The apportioned license plate replacement and apportioned license plate transfer transactions affect the cab card information, which results in new cab cards printed for the Registrant.

An additional fee of 75¢ per vehicle will be added to each category only for Indiana-based Registrants. This fee is a 25¢ Public Safety Fee and a 50¢ Proof of Financial Responsibility fee. Both are required by Indiana Statute.

\*There may also be fees assessed for other jurisdictions on apportioned license plate transfer transactions.

### Shipping and Handling Fees

The Billing Notice is currently directed to include shipping and handling fees on each Transaction Type. If the Registrant chooses to pay the Billing Notice via mail or credit card but would prefer to obtain the credentials by visiting the Customer Service Center, then that request must be received prior to payment processing for the transaction. Write "Pick-Up" on the Billing Notice that is returned with the transaction payment.

The mailing fees are:

1 or 2 plates:	\$1.50 each
3 to 9 plates:	\$1.00 each
10 or more plates:	\$ .50 each

If your credentials are returned to the IRP Unit due to an incorrect mailing address or for a like cause, additional mailing fees are assessed to you *before* your registration credentials are re-mailed.

## Billing Information

### Other Fees

The *State of Colorado* has two fee schedules for commercial vehicles. One schedule covers vehicles that accumulate 10,000 miles or less annually in all jurisdictions. The other fee schedule covers all other commercial vehicles. All Indiana IRP Registrants must indicate on a Schedule A, Renewal Schedule A, or Schedule C, the registered vehicles that would accumulate 10,000 or less total miles in Colorado. Simply circle the unit number to indicate that the total miles are 10,000 or less. Unless the unit is so marked, the fee charged for Colorado will be from the schedule for vehicles accumulating over 10,000 miles annually.

Carriers with **Wyoming Intrastate Authority** will be billed for the County Tax for all Power Units and Trailers.

### Billing Notices

Each IRP transaction will result in the IRP Unit producing a Billing Notice. The Billing Notice is mailed to the mailing address shown in the IRP System; the notice is to be returned with the IRP payment. Indiana fees and the apportioned fees due each jurisdiction are itemized on the Billing Notice. The total fees due reflect registration and other associated fees. Please verify the information on the Billing Notice prior to submitting payment.

### Re-Billing

The IRP Unit accepts requests to have a Transaction Type or renewal application re-billed if modifications to the original transaction have occurred and the transaction fees have not been paid at the time of the request. This request may result in delaying the producing of registration credentials. Re-billing a transaction does not always result in a lower registration fee.

Alterations or adjustments to the transaction must be done prior to submitting payment. All re-billings due to an Actual Mile change must be supported by a written explanation of the mileage changes prior to being accepted by the IRP Unit. Registrants adjusting Actual Miles will be subject to an IRP Audit.

### Payments

Transaction payments must be made by cash, personal check, certified check, cashier's check, money order, company check, VISA or MasterCard. The IRP Unit can not be responsible for and *will not* accept cash payments sent through the mail.

All renewal payments are currently due on or before February 15th for the Registration Year 2001. Renewal payments postmarked after February 15th will result in a five percent (5%) penalty on the total fees due.

The payment due date for all other Transaction Types is fifteen business days (15) of the Billing Notice date.

**Personal checks** returned to the IRP Unit for Insufficient Funds will be assessed a ten percent (10%) penalty applied to the total payment, if restitution is made within ten (10) business days of the check processing date. If the Registrant does not make restitution within ten (10) business days, the penalty escalates to one hundred percent (100%) of the total Billing Notice. This also applies to "Stop Payment" on checks.

Whether restitution was made within the allowed ten (10) business days, the Registrant will be unable to make any personal check payments to MCSD.

Please include the following information on your check to be submitted as payment on a transaction: IRP Account Number and Transaction Number (located on the Billing Notice).

**New Accounts** must be paid by guaranteed funds. Personal checks will not be accepted.

### Outstanding Fees

All outstanding Billing Notices are currently to be paid in transaction number sequence. Payments received "out-of-order" will be held by the IRP Unit until payment for prior transactions is received. The IRP transactions may be deleted when payment has not been remitted, credentials not issued, and

## Credential Information

a Sixty (60) Day Temporary Registration Permit was not associated with the transaction. All processed transactions with a Billing Notice exceeding thirty (30) business days past the date on the Billing Notice are considered an outstanding liability.

Past due Billings Notices of any type will result in a temporary suspension of your account. The account suspension includes the Registrant ineligible for transactions being processed and temporary permits being issued until full payment is received. Payments received on additional registration or transaction Billing Notices, when your account is suspended, will be applied to the overdue billing amount until paid in full.

All previous year's outstanding Billing Notices must be paid prior to the IRP Unit issuing renewal registration credentials.

### **Refunds**

The IRP Unit will only issue refunds under the following conditions:

An error was made by the IRP Unit in the calculating fees.

A duplicated registration of a vehicle exists where registration fees have been paid twice in the same IRP account.

An IRP audit reveals an overpayment of Indiana fees.

An Indiana non-apportioned license plate is purchased in error.

A carrier changes his operation from Intrastate to Interstate.

An Indiana non-apportioned license plate refund may be issued if a carrier's operation changed to Interstate upon obtaining the non-apportioned license plate. Registrant's refund requests must include the State Forms and all Supporting Documentation. A prerequisite to receiving the refund is that the vehicle information and the IRP Account information must be the same as the non-apportioned plate registration information.

A unit is deleted and the new apportioned license plate and cab card are returned, with a written request for a refund, to the IRP Unit in the time frame prescribed for the registration month for that Registration Year. Please send the registration credentials and written refund request to ATTN: Accounting Unit.

***Vehicles registered through an Indiana IRP 60 Day Temporary Permit are ineligible to receive any refund.***

Indiana IRP can only refund the Indiana portion of the registration fees paid. Other jurisdictional refunds must be pursued by the Registrant.

### **Apportioned License Plates**

Indiana will issue apportioned power unit plates to Trucks, Tractors, Truck-Tractors, Buses, and Mobile Home Toters, (which fall under the definition of "Apportionable Vehicle").

The IRP Unit will annually issue only cab cards for renewed registration of permanent Power Unit apportioned license plates and one year Semi-Trailer apportioned license plates, unless the Registrant requests a replacement plate on the Renewal Schedule A.

When applicable, **"No Expiration"** stickers will only be issued for one year Semi-Trailer apportioned license plates upon renewing credentials.

Apportioned *Trailer* license plates are required on vehicles traveling in California. *Converter Gears and Full-Trailers* will be issued one year apportioned Trailer license plates if traveling in or through California.

## General Information

Each initial vehicle registered under the International Registration Plan will be issued one apportioned license plate, bearing the word “App”, for as long as the vehicle remains properly registered.

Subsequent annual renewing of the registration credentials will result in a registration cab card that will indicate the IRP member jurisdictions in which the vehicle is proportionally registered with the registered weight for each jurisdiction. Additional account registration information is also on the cab card.

### Where to Display

Displaying credentials identification is as follows:

Apportioned license plates must be displayed on the front of Tractors and Truck-Tractors, and on the rear of Trucks, Trailers, Buses, and Converter Gears.

The cab card must always be carried in the vehicle for which it is issued.

### When to Display

Apportioned license plates and cab cards **must** be displayed by 12:00 AM., April 1 for the 2001 Registration Year. The credentials can only be displayed before April 1 of the new Registration Year when accompanied by the current Registration Year cab card.

For the Registration Year 2002 and beyond, apportioned license plates and cab cards must be displayed by 12:00AM in the first day after your registration month.

### Violations

Vehicles not displaying the current apportioned license plate and cab card, a valid trip permit, or temporary registration in lieu of credentials, is in violation and the driver will be subject to enforcement action. Enforcement action includes, but is not limited to violation citations, fines, and/or vehicle impoundment.

### Vehicle Information

IRP recommends that the Registrant maintain a record of the:

Description of the vehicle, and serial number with the weight of the loads carried by the vehicle; also the date the vehicle was acquired and the name and address of the person from whom it was purchased;

Additional information such as the first month of the Tax Reporting Period in which its first taxable use took place;

The date sold and transferred, and the name and address of the person to whom it was transferred or sold; and

Evidence of whether the tax was paid or suspended for any secondhand taxable vehicle acquired and registered in the Registrant’s name during a Tax Reporting Period; as well as a record of the mileage for those vehicles for which a suspension of the tax was requested.

### Mileage Information (IVMR)

Maintaining accurate records to substantiate all mileage reported on the Schedule B, as accrued during the Mileage Reporting Period of July 1 through June 30 of the year immediately before the Registration Year, is required by Federal laws.

Operational records must be documents that support the miles traveled in each jurisdiction, and the Total Miles traveled. Examples include items such as fuel reports, trip permits, logs, or computer runs that can be supported by **source documents** when requested by the base jurisdiction. An acceptable source document to verify fleet mileage is some type of “Individual Vehicle Mileage Record” or IVMR. IVMR’s **must** contain the following basic information.

The starting and ending dates of the trip.

The trip origin and destination by city and state.

The route of travel and/or the beginning and ending odometer or hub-o-meter reading of the trip.

The total trip miles.

The mileage by jurisdiction.

The unit number or the vehicle identification number.

The vehicle fleet number.

The Registrant's name.

The Trailer unit number.

The driver's signature and/or name.

An IVMR must be completed for all vehicle movement.

Computer printouts and monthly reports such as fuel reports are merely recaps and are not accepted as valid documentation of the vehicle's operations . These *must* be supported by an IVMR in order to be used during an audit. Trip leases and trip permits during the Mileage Reporting Period should be attached to the IVMR.

*An IVMR can not be validated unless the information recorded is accurate and readable.* The mileage figures entered on the IVMR can be obtained from various sources such as odometer and/or hub-o-meter readings, state maps, or a household goods mileage guide, as long as the method used is consistent. In recording the Actual Miles of a vehicle, the Registrant must report all movement (Interstate and Intrastate) including loaded, empty, dead-head and/or bobtail miles, and trip lease miles.

***Miles operated under trip permits must also be included.*** A copy of the trip permit should be retained with your IVMR for audit purposes.

The mileage reported on the Schedule B *must* be supported by accumulated IVMR's, and the Registrant is responsible for preparing a monthly recap that illustrates how the miles are broken down by unit and by state.

All Registrants are responsible for the proper maintenance of their mileage records.

Individual vehicle mileage records from July 1 through June 30 of each Mileage Reporting Period must be maintained.

Mileage records are required for the current year, and the three (3) preceding Registration Years.

Registrants failing to maintain adequate records for a unit or units qualified in the Registrant's fleet, during the Mileage Reporting Period, are subject to full fee assessment for each unit involved.

According to the International Registration Plan , Indiana is required to audit all Registrant records. The purpose is to ascertain proper mileage reporting and payment of fees. Operational records kept by the Registrant should be for individual vehicle mileage in order to provide adequate mileage data for each apportioned vehicle.

A record should also be maintained for each vehicle licensed for Interstate operation. The individual vehicle mileage record should be maintained where the vehicle is dispatched or at the central office of the Registrant. When a vehicle is transferred from one dispatch point to another, a new record should be prepared at the new dispatch point.



# Permits

A sample IVMR form in the Appendix (page 93) is designed to show the continuous movement of the individual vehicle. Trips should be listed in chronological order. Any time lapses and unaccounted for movements must be explained in sufficient detail to satisfy the auditor that all mileage is properly recorded.

The auditor will notify you in writing to schedule the date of the audit. If your records are not made available after the thirty day (30) notice, you may be assessed fees and penalties based upon an estimation of the operation by the base jurisdiction. You may be assessed one hundred percent (100%) registration fees for the base state as well.

If the operational records are not located in the base jurisdiction, and it becomes necessary for the base jurisdiction to send auditors to the place where such records are normally kept, the Registrant may be required to reimburse the base jurisdiction for the per diem and travel expenses of the auditors.

## **Sixty Day Temporary Permits**

Sixty Day Temporary Registration Permits are temporary registration credentials issued only to vehicles that are currently registered or are in the process of registration in an established IRP fleet. The permits may be utilized, by qualified IRP Registrants, in cases where there may be a delay in completing a transaction or where a carrier is converting an Indiana base license plate to an apportioned license plate.

The temporary registration permit allows the Registrant to immediately place qualifying vehicles into service under the following provisions:

All outstanding IRP liabilities are satisfied for previous Registration Years and the current year.

The Registrant acknowledges that approval of the permit by the IRP Unit obligates the Registrant, by law, to pay fees as a valid apportioned license plate.

The Registrant is eligible to use temporary registration permits only after their initial IRP Billing Notice has been satisfied in full, or the registration credential renewal Billing Notice has been satisfied in full.

The Registrant has maintained a history of abiding by the provisions governing the use of temporary registration permits.

Previously apportioned vehicles removed from service during the registration renewal process are ineligible to be placed back into service or added to a fleet via temporary registration permit.

Properly registered vehicles taken out of service during the Registration Year are eligible to be registered back into service within that same Registration Year via temporary registration permit.

The permit affords the Registrant authorization of Interstate operating prior to submission of Necessary State Forms and Supporting Documentation. The forms and documentation are due in the IRP Unit within fifteen (15) business days from the Start Date of the temporary registration permit. Registrants unable to obtain Necessary State Forms and/or Supporting Documentation are encouraged to contact the IRP Unit for assistance.

The IRP Unit will verify that the needed forms and/or documentation have been timely submitted by the Registrant. Registrant's not submitting forms and documentation to the IRP Unit in the prescribed time frame will be ineligible to apply for temporary registration permit use for thirty (30) days for all the Registrant's registered fleets. The IRP Unit will produce a Billing Notice based on the permit information.

Subsequent violations of forms and documentation submission by the same Registrant, whether it is the same temporary permit or a different temporary permit, will result in a progressive ineligibility period for all of the Registrant's registered fleets. Continued infractions of the provisions will result in revocation of temporary permit use for up to one (1) year.



Temporary registration permits are restricted to the Registrant that is responsible for the permit. The permit is specific to the Registrant's IRP Account and registered vehicles.

For permits with erroneous information, a corrected temporary registration permit must replace the incorrect permit. All of the original information, except what is to be corrected, shall remain the same for the corrected permit, including the permit Start Date. The original permit will be voided only after the corrected permit has been approved by the IRP Unit. The erroneous permit is to be returned to the IRP Unit within in ten (10) business days of the date of the corrected permit. To obtain a corrected permit, contact the original issuing agent.

Lost or misplaced temporary permits may be replaced with the same information, including Start and End Dates, and for the same vehicle as the initial permit. The process of obtaining a replacement permit is the same as obtaining a corrected permit.

The Registrant may void the permit within three (3) business days of the Start Date. Adjustments to information within the permit also may be done within ten (10) business days of the Start Date.

Second permits can only be obtained after all fees and necessary paperwork for the first permit have been submitted to the IRP Unit.

If it is found that the IRP Unit has committed an error on the permit, a second permit may be obtained, then approved by the IRP Unit.

The IRP Unit and Commercial Vehicle Enforcement Division consider altered temporary registration permits invalid. Altered permits can result in an assessment of full year registration fees and vehicle impoundment. The Registrant will be ineligible to use temporary registration permits, in all fleets, in the future.

Misused permits or unaccounted for permits issued to the Registrant will result in assessment of full year registration fees at 80,000 pounds.

All IRP transaction types that are eligible for temporary registration permits.

Temporary registration permits approved by the IRP Unit that are within fifty nine days of the Registration Year are not valid for the next Registration Year. The permit validity expires on the last day of the Registration Year.

### **Three Day Trip Permits**

Three Day Trip Permits (72 hours) are offered by the IRP Unit, to all out-of-state carriers that have not proportionally registered in Indiana and are properly registered and insured in their base state.

This permit affords qualifying out-of-state carriers the opportunity to operate in or drive through the State of Indiana without having to proportionally register for Indiana.

Out-of-state carriers may obtain the Three Day Trip Permit through a wire service or the Indiana IRP Unit, at a cost of \$15.00. The permit must be obtained prior to entry into Indiana and it is to remain in the vehicle at all times while the vehicle is operated in Indiana.

### **Hunter's Permit**

Hunter's Permits allow an owner-operator to operate a commercial motor vehicle, in Intrastate and Interstate travel at the unladen weight, between Lessors, in search of employment. The Hunter's Permit is for use by the owner and operator of the vehicle.

The permit is only issued for previously registered vehicles in the Indiana or newly purchased vehicles.

The permit is rendered invalid if there are alterations made or the owner-operator attempts to operate the vehicle for actions other than seeking employment.

## Wire Services

Hunter's Permits may be obtained after the owner-operator provides a copy of the previous registration cab card, a copy of the vehicle title, insurance information pertaining to the insured, insurer's name and policy number, and a \$10.00 fee.

Hunter's Permits are valid for a period of thirty (30) consecutive calendar days and for only one combination of vehicles.

These permits are only attainable through the IRP Unit. Pursuant to Indiana Statute IC. 9-18-7-6, the IRP Unit may sell Hunter's Permits, in bulk quantities, to carriers for issuance to owner-operators when leases terminate or expire.

### **Yard Tractor Permits**

Yard Tractor Permits are issued to non-apportioned Tractors that are employed to move Semi-Trailers from one point to another at a terminal site, a loading site or a spotting facility.

Any Tractor operating with on Yard Tractor Permit is ineligible to carry cargo, transport, or draw a Semi-Trailer or other vehicle on a public highway. Operating the designated Yard Tractor on any public road will result in impoundment of the vehicle.

Carriers may obtain a Yard Tractor Permit through the IRP Unit at a cost of \$40.00 and \$5.00 per Yard Tractor Plate. The Registration Year for Yard Tractors is July 1, through June 30, of each year. The annual renewal fee is \$40.00.

### **Permit Hints:**

Altering any permit renders it invalid and Commercial Motor Vehicle Enforcement will confiscate the permit and impound the vehicle. Permits altered by out-of-state carriers will result in proportional registration, at 80,000 pounds for Indiana.

The IRP Unit urges all Registrants to review the permit information for accuracy prior to operating vehicles on the permit's authority.

**FAXING and PHOTOCOPYING of Indiana Sixty Day Temporary Registration Permits, Three Day Trip Permits, Hunter's Permits and Yard Tractor Permits is acceptable.**

### **Wire Services**

The IRP Unit authorizes the following service bureaus to issue permits. The type of permit the service bureau offers is shown under their respective company names.

Jet Permit, LTD

Three Day Trip Permits/Sixty Day Temporary Registration Permits

P.O. Box 349

Hales Corners, WI 53130

(800) 788-0603 outside WI

(414) 425-7471 inside WI

Transceiver United, Inc. (Comdata)

Three Day Trip Permits/Sixty Day Temporary Registration Permits

1421 Champion, Suite 101

Carrollton, TX 75006

(800) 749-7122

(800) 749-6058

Tel-Trans National Permit Service

Sixty Day Temporary Registration Permits

3250 North Post Road, Suite 150

Indianapolis, IN 46226

(317) 895-6622 IN

(800) 428-5421 outside IN

# Definitions

## DEFINITIONS

**Additional Fleet Vehicles:** Vehicles acquired by the Registrant after the commencement of the Registration Year and added to the proportionally registered fleet.

**Agent - Lessor and/or Service Representative:** One who furnishes facilities and services including sales, warehousing, motorized equipment and drivers under contract or other arrangements to a carrier for transportation of property by a household goods carrier.

**Applicant:** A person, firm, or corporation in whose name the uniform application is filed with a base jurisdiction to apportion a fleet of vehicles.

**Apportionable Vehicle:** Any vehicle, except recreational vehicles, vehicles displaying restricted plates, city pick up and delivery vehicles, buses used in the transportation of chartered parties and Government owned vehicles, used or intended for use in two or more member jurisdiction that allocate or proportionally register vehicles. A more detailed description is located in the section on “Vehicle Registration Qualifications”.

**Apportionment:** Registration based on a proportional payment of registration fees, whether determined by a quotient of miles traveled, revenue received, average presence or any other similar method.

**Axle:** An assembly of a vehicle consisting of two or more wheels whose centers are in one horizontal plane by means of which a portion of the weight of a vehicle and its load, if any, is continually transmitted to the roadway. For purposes of registration, an “axle” is any such assembly whether or not it is load-bearing only part of the time. For example, a single unit Truck with a steering axle and two axles in a rear-axle assembly is an apportionable vehicle even though one of the rear axles is a so-called “dummy”, “drag”, “tag”, or “pusher” type axle.

**Axle Weight:** The weight transmitted to the surface by one axle or a combination of axles in a tandem assembly.

**Base Jurisdiction:** For the purpose of fleet registration, the jurisdiction where the Registrant has an established place of business, where mileage is accrued by the fleet, and where operational records of such fleet are maintained or can be made available. If a Registrant operates more than one fleet and maintains records for each fleet in different places, the base jurisdiction for a fleet shall be the jurisdiction where an established place of business is maintained, where records of the operation of that fleet are maintained, and where mileage is accrued by that fleet.

Registrants based in any jurisdiction which is not a member of the IRP and who have been licensing vehicles in any IRP member jurisdiction using a basing point, allocation, or pro-ratio, may declare the member jurisdiction where the most mileage has been accrued for the purpose of IRP registration until such time as the Registrant’s base jurisdiction becomes a member of this agreement.

In those cases where household goods carriers’ equipment is to be registered in the base jurisdiction of the service representative, the equipment shall be registered in said service representatives’ name and that of the carrier as lessee with the apportionment of fees according to the combined records of the service representative and those of the carrier. Such records must be kept or made available in the service representative’s base jurisdiction.

**Base Plate:** A term normally associated with proportional registration that applies to the apportioned license plate(s) issued by the base jurisdiction. A base plate issued by the base jurisdiction for Interstate travel under the IRP is the only registration identification plate needed by the vehicle when traveling through any member jurisdiction unless traveling in the following jurisdictions of California, Oregon, Washington, and Nevada. In this case it is the Registrants responsibility to contact these jurisdictions for additional requirements. An *Intrastate* vehicle traveling solely in Indiana can obtain an Indiana base plate from the local Bureau of Motor Vehicle’s license branch or the Motor Carrier Services Division provided that the Registrant has an active IRP account in good standing.

**Cab Card:** A registration card issued by the base jurisdiction for a vehicle in an apportioned fleet which identifies the vehicle license plate number and registered weight in each of the jurisdictions where the vehicle is properly registered.

**Canadian Provincial Authority Number:** A unique number assigned to a motor carrier authorized to conduct highway transportation operations within the boundary of the Canadian province issuing the number.

**Combination of Vehicles:** a power unit used in combination with Trailers and/or Semi-Trailers.

**Combined Gross Vehicle Weight:** The total unladen weight of a combination of vehicles plus the weight of the load carried on that combination of vehicles.

**Commercial Vehicle:** A Bus, Truck, or Truck-Tractor and trailer combination which is used or maintained for transportation of persons or property for-hire, compensation, profit, or in furtherance of a commercial enterprise.

**Converter Gear (CG):** An auxiliary undercarriage assembly with a fifth wheel and tow bar used to convert a Semi-Trailer to a Full-Trailer.

Converter Gears must be listed on your annual IRP renewal if you are operating into or through the state of California. The Converter Gear should display a full gross weight Trailer plate for the total combined weight of the Converter Gear *plus* the loaded weight of the Trailer it is converting.

**Declared Combined Gross Vehicle Weight:** The total unladen weight of any combination of vehicles plus the maximum load to be carried on that combination of vehicles for which registration fees have been paid.

**Declared Gross Vehicle Weight:** The total unladen weight of any vehicle plus the maximum load to be carried on the vehicle for which registration fees have been paid.

**Double Bottom (DB):** A combination of a power unit pulling two Semi-Trailers or a Semi-Trailer and a Full-Trailer.

**Enforcement Date:** The date the Registrant is required by its base jurisdiction to display the new Registration Year's credentials. April 1, is Indiana's Enforcement Date for the Registration Year 2001.

**Established Place of Business:** See "IRP REGISTRATION CRITERIA"

**Factory Price:** This information is a required element in some IRP jurisdictions fee tables. Wyoming uses 90% of the manufacturer's suggested retail price. Colorado uses 75% of the manufacturer's suggested retail price in calculating those states fees.

**Fifth Wheel:** A device used to connect a Truck-Tractor or converter dolly to a Semi-Trailer.

**Fleet:** One or more apportionable vehicles.

**Gross Vehicle Weight:** The unladen weight of a vehicle plus the weight of the load carried on that vehicle.

**Hot Shot:** The following guidelines have been established by Indiana for those Registrants wishing to plate a "Hot Shot":

The vehicle can be registered as a Truck-Trailer combination as long as the maximum length of the combination does not exceed 60 feet; or

The vehicle can be registered as a Tractor Semi-Trailer combination, in which case there is no overall maximum length requirement of the combination, however the length of the Semi-Trailer can not exceed 53 feet.

For a Hot Shot, only the title can show that the vehicle is a Truck, and that is an acceptable title for a Tractor. Conversely though, a Tractor can not be registered as a Truck.

A Semi-Trailer does not have to be titled as such in order to be plated as a Semi-Trailer. (Title reads TR for Trailer). For “Hot Shots”, it is the option of the Registrant to apportion plate vehicles for that Registrant’s utilization.

**Household Goods Carriers:** Household Goods Carriers, using equipment leased from service representatives, may elect to base the equipment in the base jurisdiction of the service representative or that of the carrier.

If the base jurisdiction of the service representative is elected, the equipment shall be registered in the service representative’s name and the carrier as lessee. The apportionment of fees shall be according to the combined mileage records of the service representative and those of the carrier. Such records must be kept or made available in the service representative’s base jurisdiction.

If the election is the base jurisdiction of the carrier, the equipment shall be registered by and in the name of the carrier and that of the service representative as the lessor. The apportioning of fees shall be according to the mileage records of the carrier and service representative which must include Intrastate miles operated by those vehicles. The records must be kept or made available in the base jurisdiction of the carrier. Service representatives properly registered under this election, shall be fully registered for operations under their own authority as well as under the authority of the carrier.

For equipment owned and operated by owner-operators, other than service representatives, and used exclusively to transport cargo for the Household Goods Carrier, the equipment shall be registered by the carrier in the base jurisdiction of the carrier, but in both the owner-operator’s name, and that of the carrier as lessee, with the apportionment of fees according to the records of the carrier.

**Interstate Movement:** Movement of a vehicle between or through two or more jurisdictions.

**Intrastate Movement:** Movement of a vehicle from one point within a jurisdiction to another point within the same jurisdiction regardless of the routes traveled.

**IVMR:** Individual Vehicle Mileage Record required of all apportionable vehicles. The original record is generated in the course of actual vehicle operation and is used as a source document to verify the Registrant’s application for accuracy.

**Jurisdiction:** A state, territory, or possession of the United States, the District of Columbia, or a state province, or territory of a country.

**Lease Agreement:** A written document vesting exclusive possession, control of and responsibility for the operation of the vehicle to the lessee for a specific period of time.

**Leased Vehicles:** In a lessee-lessor relationship where one leases to another, the lessor who is the titled owner may decide in whose name the vehicle is registered. An apportioned operator may temporarily lease equipment to another apportioned fleet operator, and the lessor shall be responsible for reporting the miles traveled by the leased equipment. The lessee shall be the person using and operating the equipment by the Lease Agreement. The leased vehicle must specify which fees have been paid or a Trip Permit will be required.

An apportioned vehicle may be leased to any non-apportioned carrier based in any IRP jurisdiction. The lessor shall be responsible for reporting the mileage traveled by the leased equipment. The leased vehicle must bear proportional credentials and can be operated in Indiana only if fees have been paid to Indiana, otherwise a Trip Permit will be required.

Indiana Full fee carriers may temporarily lease proportionally registered vehicles bearing proper Indiana registration credentials, provided the apportioned carrier reports the mileage traveled while the equipment is under lease. The Indiana full-fee carrier must send a report of mileage traveled by the leased equipment to the apportioned carrier.

A leasing company may transfer a vehicle from one customer to another without having to re-register the vehicle as long as the fleet owner remains the same. If the fleet owner changes, the vehicle will have to be re-registered under the new fleet owner's name, and full fees will be assessed.

**Lessee:** A person, firm, or corporation which has the legal possession and control of a vehicle owned by another under terms of a Lease Agreement.

**Lessor:** A person, firm, or corporation which, under the terms of a lease, grants the legal right of possession, control of, and responsibility for the operations of the vehicle to another person, firm, or corporation.

**Long Term:** Any period of time exceeding 29 days.

**Mileage:** As recorded from the Individual Vehicle Mileage Record, a compilation of the actual operation of apportioned fleets of vehicles.

**Motor Carrier:** An individual, partnership, or corporation engaged in the transportation of goods or persons. Motor carriers are often known by the following terms.

“Common Carrier” - any motor carrier which holds itself out to the general public to engage in the transportation by motor vehicles of passengers or property for compensation.

“Contract Carrier” - any motor carrier transporting persons or property for compensation or hire under contract to a particular person, firm, or corporation.

“Exempt Carrier” - an individual, partnership, or corporation engaged in the business of transporting exempt goods or persons for compensation.

“Private Carrier” - a person, firm, or corporation which utilizes its own Trucks to transport its own freight.

**Motor Vehicle:** Every vehicle which is self-propelled by power other than muscular power.

**Non-Appportioned Plate:** A license plate issued to a carrier for a power unit that is restricted to only Intrastate operation.

**Non-qualifying Vehicles:** Trucks having a gross weight of 7,000, 9,000, and 11,000 pounds do not qualify for proportional registration in the State of Indiana.

**One-Way Vehicle:** A Truck having a declared gross vehicle weight of 26,000 pound or less and rented or offered for rental by a Rental Company, for a specified period of time.

**Operating Authority:** Authority granted by either the Interstate Commerce Commission (I.C.C.) or jurisdiction's Regulatory Commission to a carrier for Interstate and/or Intrastate commerce.

**Operational Records:** Documents supporting miles traveled in each jurisdiction and total miles traveled (fuel reports, trip sheets, logs, IVMR's, etc.).

**Owner:** Any persons, firm or corporation, other than a lien-holder, holding legal title to a vehicle.

**Owner-Operator:** An equipment lessor who leases his vehicular equipment with a driver to a for-hire carrier pursuant to ICC regulations or similar regulations of a jurisdiction's regulatory body.

**Owner-Operator Vehicles:** A vehicle owned by an owner-operator. Proportional registration for owner-operators who lease their vehicles to motor carriers may be accomplished by one of the following procedures:

The owner-operator (lessor) may be the Registrant and the vehicle may be registered in the name and address of the owner-operator. The allocation of fees shall be according to the operational records of such owner-operator. The identification license plate and cab card shall be the property of the lessor; or

The lessee may be the Registrant at the option of the lessor and the vehicle may be registered by the carrier, but in both the owner-operator's name and that of the carrier as lessee, with the allocation of fees according to the records of the carrier. The identification plate and cab card shall be the property of the lessee.

Vehicles of owner-operators that are not proportionally registered or not fully registered in a jurisdiction having a separate reciprocity agreement whereby the vehicle is entitled to reciprocity on the license displayed, shall be subject to the trip permit requirement.

Because of the above change to the International Registration Plan, owner-operators, independent Contractors, and lessors will be allowed the opportunity to register their vehicles under their own name and yet be permanently leased to a common carrier.

Owner operators - If the vehicle is registered in any IRP jurisdiction for the current registration period, but the apportioned registration card and plate were returned to the lessee, the IRP Unit must have a copy of that current apportioned registration card in order to prorate fees. The apportioned cab card must list the applicant as owner to qualify for prorated fees.

**Pool Fleet:** A fleet of rental company Trailers and Semi-Trailers having a gross weight in excess of 6,000 pounds and used solely in pool operations, with no permanent base.

**Preceding Year:** The period of twelve consecutive months immediately prior to July 1, of the year immediately preceding the commencement of the registration or license year for which proportional registration is sought.

**Properly Registered Vehicle:** A vehicle which has been registered in full compliance with the laws of all jurisdictions in which it is intended to operate.

**Proportional Proration:** The registration of fleets of apportionable vehicles "in proportion to" the number of miles traveled by a fleet in the preceding year.

**Purchase Price Vehicle:** *A. Original Purchase Price* - for purposes of apportionment registration, the actual purchase price of the vehicle when new, excluding trade in and sales tax, including accessories or modification attached to the vehicle. *B. Factory List Price* - The manufacturer's retail price, excluding trade in and sales tax, including accessories or modification attached to the vehicle, as provided for in Branham's Automobile Reference Book or Truck Blue Book. *C. Latest Purchase Price* - The actual purchase price of the vehicle paid by the current owner, excluding trade in and sales tax, including accessories or modification attached to the vehicle.

**Reciprocity:** The reciprocal granting of rights and/or privileges to vehicles properly registered under the IRP and to vehicles not so registered if such vehicles are separate reciprocity agreements, arrangements, declarations or understandings.

**Reciprocity Miles:** Miles by apportionable vehicles in jurisdictions that require no apportionment and grant reciprocity.

**Reciprocity Vehicle:** A vehicle which does not meet the definition of apportionable vehicle.



**Recreational Vehicle:** A vehicle used for personal pleasure or travel by an individual or his family. Examples include campers, house trailers, motor homes, etc. A recreational vehicle is not to be used in connection with any business endeavor.

**Registered Weight:** The weight for which a vehicle is licensed or registered within a particular jurisdiction.

**Registrant:** A person, firm, or corporation in whose name or names a vehicle is properly registered.

**Registration Fee:** For apportionable vehicles, shall be the total fee required under the laws of each jurisdiction for each vehicle at the regular annual or unexpired portion of the Registration Year.

**Registration Year:** A twelve (12) month period of time for which registration issued by the base jurisdiction is valid according to the laws of the base jurisdiction.

**Rental Fleet:** Vehicles which are leased or offered for lease without drivers and which are designated by the lessor as a rental fleet.

**Rental Vehicles:** The following section provides the definitions applicable to rental transactions. Read this entire area thoroughly if you are involved in rental transactions. Rental vehicles means a vehicle of a rental fleet.

*Rental Owner* means an owner principally engaged in renting one or more rental fleets to others or offering for rental the vehicles of such fleets, without drivers.

*Rental Fleet* means vehicles which are rented or offered for rental without drivers and which are designated by a rental owner as a rental fleet.

*Renting and Leasing* means the giving of possession and control of a vehicle for valuable consideration for a specified period of time.

*A Rental Transaction* for the rental of a vehicle shall be deemed to occur in the jurisdiction where such vehicle first comes into the possession of the user.

*Rental Vehicle - Base Jurisdiction:* The “base jurisdiction” definition and the conditions therein specified must be met by the rental company as Registrant of the fleet; except when the rental agreement is for more than sixty days, the rental customer must have an established place of business and his fleet must accrue miles in the jurisdiction selected as the base jurisdiction for the Registration Year.

*Rental Fleets Owned* by a person or firm engaging in the business of renting such vehicles shall be extended full Interstate and Intrastate privileges, provided:

The operational records of the fleet are maintained by the owner rental company.

Such vehicles are part of a rental fleet which are identifiable as being a part of such fleet.

Such person or firm has received approval from the jurisdiction to apportion such rental fleet.

Such person or firm registers the vehicles in accordance with the following instructions:

**See Service Representative under “AGENT”**



**Fleets** of Tractors, Single Trucks, and Truck-Tractors based in Indiana - Indiana Registrants engaged in the business of renting and/or leasing such apportionable vehicles without drivers into or through one or more other member jurisdictions, as well as any person or firm (Registrant) of any other jurisdiction electing to base a fleet of rental apportionable vehicles in Indiana, must pay apportionable registration fees based on mileage using the forms Schedule A, Schedule B, and Schedule C, if needed. Any vehicles based in Indiana for use *only* in Indiana would continue to be registered in Indiana on a non-apportioned basis.

A *Rental Owner* has the option of licensing a rental fleet in the name of the Rental Owner rather than in the name of each individual lessee. The following rules shall apply if registering in the name of the Rental Owner:

On Schedule A, the name of the Lessee must be indicated and a copy of the lease agreement between the Rental Owner and the Lessee is required. If the Lessor is based out-of-state, a photocopy of the out-of-state title must accompany the application.

On Schedule B, the Type of Operation *must* be indicated.

When geographical area and type of operation (PV or FH, Daily Rental or Long-Term Lease) are similar, an attempt should be made to consolidate the fleet.

*Rental Trucks and Truck Tractors* shall be registered in accordance with the IRP agreement except that the base jurisdiction selected by the rental owner shall confirm to the definition of base jurisdiction.

*Rental Trailers and Semi-Trailers.* Trailers and Semi-Trailer not in separate pool fleets and used in normal Tractor-Trailer operations shall be apportioned under IRP. Where required, Trailers and Semi-Trailers over 6,000 pounds gross vehicle weight and used solely in pool fleets shall be licensed by dividing the gross revenue received in the preceding year for the use of such rental vehicles arising from rental transactions occurring in the jurisdiction by the total gross revenue received in the preceding year for the use of such rental vehicles arising from rental transactions in all jurisdictions. The resulting percentage shall be applied to the number of units in such fleets, and that number of vehicles fully registered and plated in the jurisdiction. Allocation of such fleets may continue to be done through the Registrations Department of the Bureau of Motor Vehicles.

*One-Way Vehicles* - Indiana requires one-way Trucks of less than 26,000 pounds gross vehicle weight operated as part of an identifiable one-way and local fleet, to be licensed by class of vehicle depending on gross vehicle weights. All vehicles in each class shall be licensed in Indiana for the same gross vehicle weights. A separate application is required to allocate and license each class.

The minimum number of such Trucks in each class to be full-fee licensed in Indiana during the appropriate annual license renewal period of each registration or license year shall be determined as follows:

For each class of vehicles, divide the Indiana miles by the Total Miles traveled (all jurisdictions) during the preceding year.

Multiply the resulting Indiana percent by the total number of vehicles in the particular class owned or operated on the first day of the Registration or License Year. The resulting figure shall be the minimum number of such vehicles subject to registration and licensing in Indiana.

All Trucks of such one-way fleets so qualified will be allowed to perform both inter-jurisdiction and Intra-jurisdiction movements in all jurisdictions.

Allocation of such fleets may continue to be done through the Registrations Department of the Bureau of Motor Vehicles.

When equipment is added to the fleet after the original application is filed for any Registration or License Year, the same percentage used at the beginning of the Registration or License Year shall be used to determine the number of additional vehicles subject to registration and license in Indiana.

*Utility Trailers* - Where required, Registrants engaged in the business of renting and leasing Utility Trailers at 6,000 pounds gross vehicle weight and under in more than one jurisdiction, shall prepare and maintain monthly inventories of each vehicle owned and/or operated.

Actual inventory reports must support the monthly inventories.

Every owner of such Trailers shall allocate and register at the beginning of each Registration Year, a number of Trailers equal to no less than the average number of such Trailers rented in or through the jurisdiction during the preceding year.

**Trip Lease:** The lease of a vehicle to a lessee for only a one-trip operation.

**Trip Permit:** A temporary permit issued by a jurisdiction in lieu of regular registration or reciprocity.

**Unladen Vehicle Weight:** The weight of a vehicle fully equipped for service excluding the weight of any load.

# INDIANA IRP ESTIMATED MILEAGE CHART

July 1, 2000-2001

<b>AB</b>	ALBERTA	<b>50AK</b>	ALASKA	<b>110AL</b>	ALABAMA	<b>1014</b>
<b>AR</b>	ARKANSAS	<b>1053AZ</b>	ARIZONA	<b>2048BC</b>	BRITISH COL.	<b>50</b>
<b>CA</b>	CALIFORNIA	<b>3142CO</b>	COLORADO	<b>585CT</b>	CONNECTICUT	<b>274</b>
<b>DC</b>	WASH D.C.	<b>10DE</b>	DELAWARE	<b>77FL</b>	FLORIDA	<b>1294</b>
<b>GA</b>	GEORGIA	<b>1915IA</b>	IOWA	<b>726ID</b>	IDAHO	<b>365</b>
<b>IL</b>	ILLINOIS	<b>4134KS</b>	KANSAS	<b>537KY</b>	KENTUCKY	<b>3078</b>
<b>LA</b>	LOUISIANA	<b>642MA</b>	MASSACHUS	<b>285MB</b>	MANITOBA	<b>100</b>
<b>MD</b>	MARYLAND	<b>553ME</b>	MAINE	<b>70MI</b>	MICHIGAN	<b>2726</b>
<b>MN</b>	MINNESOTA	<b>338MO</b>	MISSOURI	<b>2105MS</b>	MISSISSIPPI	<b>582</b>
<b>MT</b>	MONTANA	<b>343MS</b>	MEXICO	<b>70NB</b>	NEW BRUNS.	<b>100</b>
<b>NC</b>	NORTH CAROLINA	<b>1253ND</b>	NORTH DAKOTA	<b>119NE</b>	NEBRASKA	<b>730</b>
<b>NE</b>	NEWFOUNDLAND	<b>180NH</b>	NEW HAMPSHIRE	<b>37NJ</b>	NEW JERSEY	<b>566</b>
<b>NM</b>	NEW MEXICO	<b>1577NS</b>	NOVA SCOTIA	<b>100NT</b>	NORTHWEST T.	<b>140</b>
<b>NV</b>	NEVADA	<b>492NY</b>	NEW YORK	<b>892OH</b>	OHIO	<b>4992</b>
<b>OK</b>	OKLAHOMA	<b>1543ON</b>	ONTARIO	<b>200OR</b>	OREGON	<b>874</b>
<b>PA</b>	PENNSYLVANIA	<b>2579PE</b>	PRINCE ED. IS.	<b>100PQ</b>	QUEBEC	<b>100</b>
<b>RI</b>	RHODE ISLAND	<b>40SC</b>	SOUTH CAR.	<b>848SD</b>	SOUTH DAKOTA	<b>118</b>
<b>SK</b>	SASKATCHEWAN	<b>20TN</b>	TENNESSEE	<b>2113TX</b>	TEXAS	<b>4050</b>
<b>UT</b>	UTAH	<b>519VA</b>	VIRGINIA	<b>1226</b>		
<b>VT</b>	VERMONT	<b>27WA</b>	WASHINGTON	<b>523INDIANA</b>		<b>14152</b>
<b>WI</b>	WISCONSIN	<b>778WV</b>	WEST VIRGINIA	<b>654</b>		
<b>WY</b>	WYOMING	<b>712YT</b>	YUKON TERR.	<b>100</b>		

Revised 9/99

## JURISDICTION INFORMATION

**Jurisdiction:**

Address

**(AB) Alberta**

Infrastructure

803 Manning Rd. N.E.

1st Floor

City, State, & Zip

Calgary, AB T2E7M8

IRP Prorate:

(403) 297-2920

Motor Fuel:

(780) 427-3244

Authority:

(403) 340-5430

Oversize/Overweight

(403) 342-7138

IRP Registration Method:

April - March

Grace Period Available:

None

Enforcement Date:

April 1

Registration Maximum Weight:

137,787

Estimated Mileage:

50

Permit Types/Permit Type Valid:

Permits Vary

**Jurisdiction:**

Address

**(AL) Alabama**

Department of Revenue

Motor Vehicle Division

International Registration Section

PO Box 327620

City, State, & Zip

Montgomery, AL 36132-7620

IRP:

(334) 242-9000

Motor Fuel:

(334) 242-9606

Authority:

(334) 242-5176

Oversize/Overweight

(334) 834-1092

IRP Registration Method:

Staggered

Grace Period Available:

Renewal Month

Enforcement Date:

Monthly

Registration Maximum Weight:

80,000 or Qual (3)

Estimated Mileage:

1014

Permit Types/Permit Type Valid:

Temporary Registration

7 Days

Fuel Temporary

7 Days

**Jurisdiction:**

Address

**(AR) Arkansas**

Office of Motor Vehicle

IRP Unit

PO Box 8091

City, State, & Zip

Little Rock, AR 72203

IRP:

(501) 682-4630

Motor Fuel:

(501) 682-4800

Authority:

(501) 569-2358

Oversize/Overweight

(501) 569-2381

IRP Registration Method:

July - June

Grace Period Available:

7/31

Enforcement Date:

August 1

Registration Maximum Weight:

80,000

Estimated Mileage:

1053

Permit Types/Permit Type Valid:

Temporary Registration

72 Hours

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**(AR) Arizona**

Department of Transportation

Motor Vehicle Division

Account Maintenance Unit

Mail Drop 520M

Phoenix, AZ 85007

(602) 255-8340

(602) 255-6775

Not Required

N/A

Staggered

None

Expires Quarterly

80,000

2048

Temporary Registration

Motor Carrier

Use Fuel Permit

Oversize/Overweight

96 Hours

96 Hours

96 Hours

96 Hours

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP/CAVR:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**(BC) British Columbia**

Interjurisdictional Licensing Office

ICBC Prorate

PO Box 7500, Stn Terminal

Vancouver, BC CN V6B 5R9

(604) 443-4450

(604) 387-3368

(604) 660-5454

(604) 387-4404

Staggered

None

Monthly

139,994

50

N/A

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**(CA) California**

Department of Motor Vehicles

IRP Program

PO Box 932320

Sacramento, CA 94232-3200

(916) 657-7971

(916) 322-2010

(415) 703-2177

(916) 654-4961

January - December

3/31

April 1

Qual

3142

Temporary (Power)

Temporary (Trailer)

Temporary (Fuel Tax)

96 Hours

96 Hours

96 Hours

<b>Jurisdiction:</b>	<b>(CO) Colorado</b>	
Address	Department of Revenue Motor Vehicle Division IRP Section 1881 Pierce Street, Room 114 Lakewood, CO 80214	
City, State, & Zip	(303) 205-5968	
IRP:	(303) 886-3380	
Motor Fuel:	(303) 894-2000 Ext. 364	
Authority:	(303) 757-9539	
Oversize/Overweight	January - December	
IRP Registration Method:	1/30	
Grace Period Available:	January 31	
Enforcement Date:	80,000	
Registration Maximum Weight:	585	
Estimated Mileage:	Temporary (Laden Weight) 72 Hours	
Permit Types/Permit Type Valid:	Temporary (Special Fuel Permit) 72 Hours	

<b>Jurisdiction:</b>	<b>(CT) Connecticut</b>	
Address	Department of Motor Vehicles IRP Unit/SSRS 60 State St. Rm. 104 Wethersfield, CT 06161-1010	
City, State, & Zip	(860) 263-5281	
IRP:	(203) 297-4870	
Motor Fuel:	(203) 667-7384	
Authority:	(860) 594-2874	
Oversize/Overweight	May - April	
IRP Registration Method:	None	
Grace Period Available:	May 1	
Enforcement Date:	No Max (1)	
Registration Maximum Weight:	274	
Estimated Mileage:	N/A	
Permit Types/Permit Type Valid:		

<b>Jurisdiction:</b>	<b>(DC) District of Columbia</b>	
Address	Bureau of Columbia Bureau of Motor Vehicles 302 C Street NW Room 1018 Washington, DC 20001	
City, State, & Zip	(202) 727-6426	
IRP:	N/A	
Motor Fuel:	N/A	
Authority:	N/A	
Oversize/Overweight	N/A	
IRP Registration Method:	Staggered	
Grace Period Available:	None	
Enforcement Date:	Monthly	
Registration Maximum Weight:	80,000	
Estimated Mileage:	10	
Permit Types/Permit Type Valid:	N/A	

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**(DE) Delaware**

Department of Motor Vehicles  
 303 Transportation Circle Room 212  
 Public Safety Bldg.  
 PO Drawer 7065

Dover, DE 19903-7065

(302) 744-2701

(302) 739-2278

(302) 739-2278

(302) 739-2278

Staggered

None

Monthly

80,000

77

IRP Trip Permit

IFTA Trip Permit

Oversize/Overweight

72 Hours

72 Hours

72 Hours

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**(FL) Florida**

FL Dept. Highway Safety Motor Vehicles  
 Bureau Motor Carrier Services  
 Neil Kirkman Bldg. Rm A-110  
 Tallahassee, FL 32399-0626

Dover, DE 19903-7065

(850) 921-0931

(904) 488-6921

No Regulation

(904) 488-4961

Staggered

None

Monthly

80,000

1294

IRP Trip Permit

IRP Hunter Permit

IRP Temporary Operation Permit

10 Days

10 Days

60 Days

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**(GA) Georgia**

Department of Revenue  
 Motor Vehicle Division  
 IRP Section  
 PO Box 38457

Atlanta, GA 30334-0457

(404) 362-6477

(404) 656-4056

(404) 559-6600

(404) 656-5428

January - December

4/30

May 1

80,000

1915

IRP Trip Permit

72 Hours

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**(IA) Iowa**

Department of Transportation  
Office of Motor Carrier Services  
Park Fair Mall, 100 Euclid Avenue  
PO Box 10382

Des Moines, IA 50306-0382

(515) 237-3258

(515) 237-3224

(515) 237-3364

(515) 237-3264

January - December

3/14

March 15

No Max (3)

726

Temporary Registration

72 Hours

Temporary (Fuel)

72 Hours

Combination Registration &amp; Fuel

72 Hours

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**ID (Idaho)**

Idaho Transportation Department  
Division of Motor Vehicles  
PO Box 7129

Boise, ID 83707-1129

(208) 334-8611

(208) 334-8692

(208) 334-0332

(208) 334-8420

Staggered

None

Monthly

106,000 (2)

365

Temporary Trip Permit

96 Hours

Single Trip Permit

Movement Between Points of Origin  
and Destination

Caravan Permit

Not more than 30 days

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**IL (Illinois)**

Secretary of State  
Vehicle Services Department  
Howlett Building Room 302

Springfield, IL 62756

(217) 785-1800

(217) 785-5869

(217) 782-4654

(217) 782-6271 or 782-8967

April - March

None

April 1

80,000

4134

Temporary

72 Hours



**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**IN (Indiana)**

Indiana Department of Revenue  
 Motor Carrier Services Division  
 5252 Decatur Blvd., Suite R  
 PO Box 6081

Indianapolis, IN 46206-6081

(317) 615-7340

(317) 615-7345

(317) 615-7290

(317) 615-7320

April - March

None

April 1

80,000

N/A

Registration Trip Permit

Motor Carrier Permit

3 Days

72 Hours

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**KS (Kansas)**

Department of Revenue  
 Division of Vehicles  
 Motor Carrier Services Bureau  
 3718 SW Burlingame Rd.

Topeka, KS 66609-1217

(785) 291-3384

(785) 296-4458

(785) 271-3100

(785) 296-7400

January - December

3/1

March 1

85,500

537

Temporary Registration

Fuel

72 Hours

One Trip

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**KY (Kentucky)**

Kentucky Transportation Cab.  
 IRP  
 Room 308, State Office Bldg.  
 Box 2014

Frankfort, KY 46022

(502) 564-4120

(502) 564-4540

(502) 564-4540

(502) 564-4540

April - March

None

April 1

80,000

3078

Registration (Non-Reciprocal)

Fuel

10 Days

10 Days

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**LA (Louisiana)**

Department of Public Safety &amp; Corrections

Office of Motor Vehicles

IRP Unit

PO Box 64886

Baton Rouge, LA 70896

(225) 925-6335

(225) 925-7656

(225) 342-4414

(225) 343-2345

January - December

2/28

March 1

88,000 (4)

642

Temporary Registration Trip Permit

48 Hours

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Fax:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**MA (Massachusetts)**

Registry of Motor Vehicles

IRP Section

One Copley Place

Tower One, Third Floor

Boston, MA 02116

(617) 351-9320

(617) 351-9399

(617) 727-4373 &amp; 4370

(617) 727-3559

(508) 624-0819, 0820, 0936, &amp; 4377

July - June

None

July 1

No Max

285

Trip Permit

72 Hours

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**MD (Maryland)**

Motor Vehicle Administration

Motor Carrier Services Sec. Rm. 120

6601 Ritchie Highway, NE

Glen Burnie, MD 21062

(410) 768-7507

(410) 799-4009

(410) 333-6013

(410) 787-7647

May -April

None

May 1

80,000

553

Trip Permit

72 Hours

<b>Jurisdiction:</b>	<b>ME (Maine)</b>	
Address	Bureau of Motor Vehicle Division of Commercial Vehicles State House, Station #29 Augusta, ME 04330	
City, State, & Zip	(207) 287-9000	
IRP:	(207) 287-8600	
Motor Fuel:	(207) 287-8633	
Authority:	(207) 287-8632	
Oversize/Overweight	(207) 622-5332	
Fax:	Staggered	
IRP Registration Method:	None	
Grace Period Available:	Monthly	
Enforcement Date:	90,000	
Registration Maximum Weight:	70	
Estimated Mileage:	IRP Trip Permit 72 Hours	
Permit Types/Permit Type Valid:	Fuel Trip Permit	72 Hours
	Temporary Fuel	30 Days

<b>Jurisdiction:</b>	<b>MI (Michigan)</b>	
Address	Department of State IRP Unit Secondary Complex 7064 Crouner Drive Lansing, MI 48918-9915	
City, State, & Zip	(517) 322-1097	
IRP:	(517) 373-3180	
Motor Fuel:	(517) 334-6389	
Authority:	(517) 373-2120	
Oversize/Overweight	Staggered	
IRP Registration Method:	None	
Grace Period Available:	Expires Quarterly	
Enforcement Date:	160,001	
Registration Maximum Weight:	2726	
Estimated Mileage:	Trip Permit 10 Days	
Permit Types/Permit Type Valid:	Temporary Motor Fuel Permit	5 Days
	Special I.D. Card	72 Hours

<b>Jurisdiction:</b>	<b>MN (Minnesota)</b>	
Address	Department of Public Safety 1110 Centre Pointe Curve Suite 425 St. Paul, MN 55118	
City, State, & Zip	(651) 405-6161	
IRP:	(651) 296-0893	
Motor Fuel:	(651) 296-7109	
Authority:	(651) 296-6441	
Oversize/Overweight	March - February	
IRP Registration Method:	None	
Grace Period Available:	March 2	
Enforcement Date:	No Max (5) (6)	
Registration Maximum Weight:	338	
Estimated Mileage:	Temporary Trip Registration Permit 120 Hours	
Permit Types/Permit Type Valid:	Temporary Fuel Permit	120 Hours

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**MO (Missouri)**

Missouri Hwy Reciprocity Commission

PO Box 893

Jefferson City, MO 65105-0893

(573) 751-6433

(573) 751-5899

(573) 751-7100

(800) 877-8499

January - December

None

January 1

80,000

2105

Temporary Registration

Temporary Special Fuel

Division of Transportation

72 Hours

72 Hours

72 Hours

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**MS (Mississippi)**

State Tax Commission

Prorate Section

PO Box 1033

Jackson, MS 39215

(601) 923-7000

(601) 359-1791

(601) 961-5439

(601) 359-1148

Staggered

15 day grace

Monthly

80,000

582

Temporary Registration

Temporary Fuel Permit

For a through trip or a round trip

72 Hours

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**MT (Montana)**

Montana Department of Transportation

Motor Carrier Services Division

2701 Prospect Ave.

PO Box 4639

Helena, MT 59620

(406) 444-6130

(406) 444-6130

(406) 444-6190

(406) 444-6130

Staggered

None

Expires Quarterly

No Max (3) (7)

343

Temporary Trip Permit (includes fuel)

Single Trip

Oversize/Overweight

72 Hours

72 Hours

72 Hours

<b>Jurisdiction:</b>	<b>NC (North Carolina)</b>	
Address	Department of Transportation Division of Motor Vehicles IRP Section 1425 Rock Quarry Rd., Suite 100 Raleigh, NC 27610	
City, State, & Zip	(919)733-3642	
IRP:	(919) 733-3409	
Motor Fuel:	(919) 733-7631	
Authority:	(919) 733-7154	
Oversize/Overweight	January - December	
IRP Registration Method:	2/15	
Grace Period Available:	February 16	
Enforcement Date:	80,000	
Registration Maximum Weight:	1253	
Estimated Mileage:	Temporary 10 day Trip Permit	10 Days (240 Hours)
Permit Types/Permit Type Valid:	Temporary Highway Fuel Use Tax	20 Days

<b>Jurisdiction:</b>	<b>ND (North Dakota)</b>	
Address	ND Department of Transportation Motor Vehicle Division Motor Carrier Section 608 E. Blvd. Avenue Bismarck, ND 58505-0780	
City, State, & Zip	(701) 328-2725	
IRP:	(701) 328-3239	
Motor Fuel:	(701) 328-2725	
Authority:	(701) 328-2621	
Oversize/Overweight	Staggered	
IRP Registration Method:	None	
Grace Period Available:	Expires Quarterly	
Enforcement Date:	105,500 (3)	
Registration Maximum Weight:	119	
Estimated Mileage:	Trip Registration Permit	72 Hours
Permit Types/Permit Type Valid:	Trip Permit Fuel	72 Hours

<b>Jurisdiction:</b>	<b>NE (Nebraska)</b>	
Address	Department of Motor Vehicles Interstate Registration Division 301 Centennial Mall South PO Box 94789 Lincoln, NE 68509-8935	
City, State, & Zip	(402) 471-4435	
IRP:	(402) 471-5730	
Motor Fuel:	(402) 471-3101	
Authority:	(402) 471-0034	
Oversize/Overweight	January - December	
IRP Registration Method:	1/31	
Grace Period Available:	February 1	
Enforcement Date:	94,000 (8) (9)	
Registration Maximum Weight:	730	
Estimated Mileage:	Trip Permit	72 Hours
Permit Types/Permit Type Valid:	Temporary Registration	48 Hours, Buses 120 Hours
	Temporary License	49 Hours, Buses 120 Hours

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**NH (New Hampshire)**

Department of Safety

IRP Section

10 Hazen Drive

Concord, NH 03305

(603) 271-2196

(603) 271-2311

(603) 271-2447

(603) 271-2691

Staggered

None

Monthly

80,000

37

N/A

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**NJ (New Jersey)**

Department of Motor Vehicles

Motor Carriers Unit

IRP Section

225 E. State Street

CN178

Trenton, NJ 08666-0718

(609-633-9399)

N/A

N/A

N/A

Staggered

None

Monthly

80,000

566

Emergency Motor Fuels Use

Temporary Motor Fuels Use

25 Days

25 Days

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**NM (New Mexico)**

New Mexico Taxation &amp; Rev. Dept.

Motor Vehicle Div. (IRP)

Vehicle Services Bureau Rm. 2129

PO Box 1028

Santa Fe, NM 87504-1028

(505) 827-2265

(505) 827-0845

(505) 827-4519

(505) 827-0374

January - December

None

January 1

86,400 (7)

1577

Trip Permit

Flat-Fee Trip Permit

48 Hours or One Entry/One Exit

7 Day Maximum

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**NV (Nevada)**

Department of Motor Vehicles &amp; Public Safety

Motor Carrier Bureau

555 Wright Way

Carson City, NV 89711-0625

(775) 684-4711

(702) 687-5340

(702) 687-6007

(702) 687-5410

January - December

None

January 1

80,000

492

Temporary Registration and/or Fuel Trip  
Permit24 Hours: Buses are allowed  
120 Hours**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**NY (New York)**

Department of Motor Vehicles

International Registration Bureau

PO Box 2850-ESP

Albany, NY 12220-0850

(518) 473-5834

(518) 457-3653

(518) 457-6391

(518) 457-1155

March - February

None

March 1

No Max (13)

892

Trip Permit Registration  
Highway Use Tax Trip Permit72 Hours  
72 Hours**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**OH (Ohio)**

Ohio Bureau of Motor Vehicles

PO Box 16520

Columbus, OH 43266-0020

(614) 752-7587

(614) 466-3410

(614) 466-3392

(614) 777-0224

June - May

None

June 1

80,000

4992

Trip Permit Registration  
Temporary IFTA  
Temporary Fuel Tax  
1 Time Fuel Use Tax72 Hours  
30 Hours  
60 Days  
1-4 Days

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**OK (Oklahoma)**

Oklahoma Tax Commission

Motor Vehicle Division

Prorate Section

2501 N. Lincoln Blvd.

Oklahoma City, OK 73194

(405) 521-3036

(405) 521-3246

(405) 521-2253

(405) 425-2390

January - December

3/2

March 2

90,000 **(10)**

1543

Temporary Registration

72 Hours

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**OR (Oregon)**

Department of Transportation

Motor Carrier Transportation Program

550 Capitol St. NE

Salem, OR 97310-1380

(503) 378-6699

(503) 378-6699

(503) 378-6699

(503) 373-0000

January - December

3/15

March 16

105,500 **(3)**

874

Heavy Motor Vehicle Trip Permit (includes registered trailer)

10 Days

Heavy Trailer Trip Permit (unregistered trailer only)

10 Days

Vehicle Identification Temporary Pass

Up to 10 Days

Oversize and/or Overweight Permits

Annual or by

Trip

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**PA (Pennsylvania)**

Bureau of Motor Vehicles

Riverfront Office Center

1101 South Front Street

Harrisburg, PA 17104

(717) 783-6095

(717) 783-9369

(717) 787-3834

(717) 787-5367

June - May

None

June 1

80,000

2579

Trip Permit

72 Hours

Hunter Permit for Non-Plated Vehicles

20 Days

Temporary Authorization

30 Days



**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**RI (Rhode Island)**

Division of Motor Vehicles

IRP Services Section

286 Main Street

Pawtucket, RI 02860

(401) 728-6692

N/A

N/A

N/A

April - May

None

April 1

80,000

40

N/A

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**SC (South Carolina)**

SC Dept. of Public Safety

IRP Section

PO Box 1498

Columbia, SC 29216-0027

(803) 737-6620

(803) 737-4872

(803) 737-5195

(803) 737-1279

April - March

None

May 1

80,000

848

IRP Trip Permit

Temporary Fuel Permit

72 Hours

10 Days

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**SD (South Dakota)**

Department of Revenue

Prorate &amp; Commercial Licensing

445 East Capitol Ave.

Pierre, SD 57501-3185

(605) 773-3541

(605) 773-5335

(605) 773-3201

(605) 698-3925

January - December

None

January 1

No Max **(11)**

118

Trip Permit

Valid for the Trip Origin Destination

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**SK (Saskatchewan)**

Saskatchewan Government Insurance

Motor Vehicle Division

Central Issuing

2260 11th Ave.

Regina SK CN S4P 2N7

(306) 751-1200

(306) 787-7749

(306) 775-6662

N/A

Staggered

None

Monthly

137,787

20

N/A

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**TN (Tennessee)**

Department of Revenue

International Reg Unit

500 Deaderick Street

Nashville, TN 37242

(615) 253-2295

(615) 741-3394

(615) 741-2974

(615) 741-3821

March - February

4/15

April 16

80,000

2113

IRP Temporary Authorization Permit

Trip Permit

Hunter's Permit

45 Days

72 Hours

15 Days

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**TX (Texas)**

Texas Dept. of Transportation

Vehicle Titles &amp; Registration Division

4000 Jackson Ave.

Austin, TX 78779-0001

(512) 465-7570

(512) 463-4600

(512) 463-7079

(512) 465-1784

April - March

4/5

April 6

80,000

4050

Trip Permit

72 Hours &amp; 144 Hours

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**UT (Utah)**

State Tax Commission

Motor Carrier Services

210 North 1950 West

Salt Lake City, UT 84134

(801) 297-7500

(801) 535-4848

(801) 530-6662

(801) 965-4508

Staggered

None

Quarterly

80,000

519

IRP Trip Permit (Power)

IRP Trip Permit (Trlr)

Fuel Trip Permit

Oversize/Overweight

96 Hours

96 Hours

96 Hours

Semi-annual or annual 97 Hours

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**VA (Virginia)**

Department of Motor Vehicles

Motor Carrier Service Room 635

2300 West Broad Street

PO Box 27412

Richmond, VA 23269-0001

(804) 367-1836

(804) 367-0479

(804) 367-0479

(804) 786-2787

Staggered

None

Monthly

80,000 (9)

1226

Temporary IRP

Temporary Motor Fuel

10 days, 240 Hours

10 Days, 240 Hours

**Jurisdiction:**

Address

City, State, &amp; Zip

IRP:

Motor Fuel:

Authority:

Oversize/Overweight

IRP Registration Method:

Grace Period Available:

Enforcement Date:

Registration Maximum Weight:

Estimated Mileage:

Permit Types/Permit Type Valid:

**VT (Vermont)**

Department of Motor Vehicles

Commercial Vehicle Oper.

133 State St.

Montpelier, VT 05603-5001

(802) 828-2071

(802) 828-2070

No Regulation

(802) 828-2064

Staggered

None

Monthly

80,000

27

Temporary Registration Authorization

Fuel User License Emergency Permit

45 Days

21 Days

<b>Jurisdiction:</b>	<b>WA (Washington)</b>	
Address	Department of Licensing Prorate and Fuel Tax Section Department of Licensing PO Box 9036 Olympia, WA 98507-9036 (360) 664-1858 (360) 753-3256 (360) 753-3111 (360) 664-9494 Staggered None None 105,500 523 Temporary Registration Temporary Special Fuel	
City, State, & Zip		
IRP:		
Motor Fuel:		
Authority:		
Oversize/Overweight		
IRP Registration Method:		
Grace Period Available:		
Enforcement Date:		
Registration Maximum Weight:		
Estimated Mileage:		
Permit Types/Permit Type Valid:		30, 60, & 90 Day Permits as applicable 3 Consecutive Days
<b>Jurisdiction:</b>	<b>WI (Wisconsin)</b>	
Address	Department of Transportation Division of Motor Vehicles Motor Carrier Services Section IRP-Unit 4802 Sheboygan Ave, Rm. 151 PO Box 7911 Madison, WI 53707-7911 (608) 267-6753 (608) 267-4382 (608) 266-1356 (608) 266-7320 January - December None January 1 80,000 778 Temporary Registration	
City, State, & Zip		
IRP:		
Motor Fuel:		
Authority:		
Oversize/Overweight		
IRP Registration Method:		
Grace Period Available:		
Enforcement Date:		
Registration Maximum Weight:		
Estimated Mileage:		
Permit Types/Permit Type Valid:		72 Hours
<b>Jurisdiction:</b>	<b>WV (West Virginia)</b>	
Address	Division of Motor Vehicles 1900 Kanawha Blvd. E. Capital Complex IRP Section Rm. 60-Bldg. 3 Charleston, WV 25317 (304) 558-3629 or 3631 (304) 558-3333 (304) 340-0417 (304) 558-0384 July - June None July 1 80,000 654 N/A	
City, State, & Zip		
IRP:		
Motor Fuel:		
Authority:		
Oversize/Overweight		
IRP Registration Method:		
Grace Period Available:		
Enforcement Date:		
Registration Maximum Weight:		
Estimated Mileage:		
Permit Types/Permit Type Valid:		

<b>Jurisdiction:</b>	<b>WY (Wyoming)</b>	
Address	WY Department of Transportation MV License & Titling Division 5300 Bishop Blvd. PO Box 1708	
City, State, & Zip	Cheyenne, WY 82009-1708	
IRP:	(307) 777-4842	
Motor Fuel:	(307) 777-4827 or 4828	
Authority:	(307) 777-4859	
Oversize/Overweight	(307) 777-4376	
IRP Registration Method:	January - December	
Grace Period Available:	3/31	
Enforcement Date:	April 1	
Registration Maximum Weight:	117,000 <b>(12)</b>	
Estimated Mileage:	712	
Permit Types/Permit Type Valid:	Temporary Registration (IRP)	96 Hours
	Special Fuel Permit	96 Hours
	Transporter	96 Hours

**Note**

*Exceeding the maximum weight may require the purchase of an  
oversize/overweight permit. Please contact the applicable jurisdictions.*

Indiana Department of Revenue  
**Business Tax Application**  
Instructions For Completing Form BT-1

**Purpose:** Form BT-1 is an application used when registering with the Indiana Department of Revenue for Sales Tax, Withholding Tax, Out-of-State Use Tax, Food & Beverage Tax, County Innkeepers Tax, Motor Vehicle Rental Excise Tax, and Prepaid Sales Tax on Gasoline, or a combination of these taxes. The form also allows you to add a new tax type to an existing registered location in the event your business activities expand.

- Be sure to answer all applicable questions. Failure to do so may result in delays in establishing an account for you or may result in penalty assessments for returns that cannot post to your account.
- Please print legibly or type the information on your application.
- **Note:** Any outstanding tax liability owed by the applicant or an owner, partner, or officer will delay application approval.

### Section A

(This section is devoted to taxpayer information.)

**Line 1:** According to Federal guidelines, most partnerships and all corporations are required to obtain a federal identification number. This number is also required whenever you withhold federal income tax from employees, regardless of ownership type. If you have a federal identification number, enter it on Line 1. If you have applied, but have not yet received your federal identification number, indicate "applied for" on Line 1. You may get this number by completing the Internal Revenue Service Form SS-4. This form may be obtained from your local IRS office or by calling 1-800-829-3676. Your federal identification number is assigned to you by the Internal Revenue Service.

**Line 2:** The Taxpayer Identification Number (TID) is applicable only if you have previously registered with the Department. The TID is a 10-digit number shown on the Registered Retail Merchant Certificate. If you have previously registered enter your TID on this line.

**Line 3:** These lines are for your ownership name and mailing address. On the first line, enter the ownership name of your business. If you are a sole proprietor, enter your last name first, first name, and middle initial. If you are a corporation, enter the corporate name as listed on your corporate charter. If you are a partnership and have a legal partnership name, enter the name as recognized by the Internal Revenue Service. If you are a not-for-profit organization, enter your organization's name as listed with the Internal Revenue Service. All government agencies should list their proper agency name.

**The mailing address needs to be completed as requested.**

**Line 4:** This line is used to indicate the type of ownership of your organization. You are a **Sole Proprietor** if you own the business as an individual. Sole proprietors cannot be not-for-profit organizations. You are a **Partnership** if you have a business partner owning part of the business. You are a **Corporation** if you filed with the Indiana Secretary of State or requested that office to authorize your business activities in Indiana. You are an **LLP** or **LLC** if you have been given such status from the Federal Government and have registered through the Secretary of State's Office. You are classified as **Federal Government (Gov't)** if you are a Federal Agency or a federally-chartered organization (e.g. American Red Cross), National banks and Federal credit unions. You are an **Other Government (Gov't)** classification if you are a political subdivision of the State of Indiana. Such agencies include state, county or city government, town boards, township trustees, certain volunteer fire departments when under the control of the township trustee. **Other** entities are all other ownership types.

**Line 5:** This information is to be completed only if you are a corporation, foreign or domestic.

A) "*State of Incorporation*" is the state where your Articles of Incorporation were filed.

B) "*Date of Incorporation*" is the date you incorporated.

C) "*State of Commercial Domicile*" is the principal place from where your trade or business is directed or managed. Commercial domicile is not necessarily in the state of incorporation.

D) "*Enter the date authorized to do business in Indiana.*" This date is obtained from the Indiana Secretary of State's Office for any foreign corporation not incorporated in Indiana seeking authority to transact business in Indiana.

E) "*Accounting Period Year Ending Date*" is the month and day your corporation closes its books. If you are on a calendar year, your accounting period date is 12/31. If you are on a fiscal year, the accounting period date will be a date other than 12/31.

**Line 6:** If the business is a **Sole Proprietorship**, enter the social security number, last name, first name, middle initial, title as owner, and home address. If the business is a **Partnership**, enter each general partner's social security number, name (last name, first name, middle initial), title of the partner, and home address. If you are a **Corporation**, enter the social security numbers, names of the corporate officers, titles, and home addresses. If you are a **Governmental Agency** or other type ownership, enter social security number(s), name(s) of official officer(s), title(s), home address(es). **Social security numbers are required in accordance with IC 4-1-8-1.** Affiliates of the registering entity listed on Line 3 must provide the federal identification number, its entity name and address as well as the names, addresses and social security numbers of the affiliate's responsible officers or partners. Attach additional sheets if necessary.

**Lines 7 and 8:** Enter the name and the daytime telephone number of a person within your organization whom the Department may contact about tax related matters.

**Line 9:** If your business is conducted under a trade name or DBA (doing business as) name, enter it here. Also, enter the street address, city, state, zip code, county, and township. Enter the tax district number of this location **only** if you are registering for a *motor vehicle rental excise tax* account.

**Note: The business location address cannot be a P.O. Box Number.**

**Line 10:** Enter the telephone number of the business location. If you are conducting business activities from your home, enter your home telephone number (Include the area code).

**Line 11:** Included in this packet is a North American Industry Classification System (NAICS) list categorizing business types. Examine the list and locate your business activity or activities from the listing. You may enter up to four (4) codes. The codes will assist the Department in mailing tax bulletins and other information applicable to your business. If you are currently using a six digit code that is not on the list, but has been approved by the IRS, use that number(s).

## Tax Registration Section

In this section, select one or any combination of the listed tax types applying to your business location.

### Section B

#### Retail Sales Tax Account:

*\$25.00 Nonrefundable Registration Fee*

or **Out-of-State Use Tax Account:** *No Fee*

**Retail Sales Tax** is applicable whenever selling activities are conducted in Indiana; whenever a business location, warehouse, distribution center exists; or whenever employees solicit or take orders for your products in Indiana (this includes wholesalers). Upon registration for retail sales tax, the Department will issue a Registered Retail Merchants Certificate. The registration fee of \$25.00 is a nonrefundable processing fee and must be remitted with this application when registering for sales tax. Each business location, including manufacturers, per 45 IAC 2.2-8-7, must have a separate Registered Retail Merchants Certificate. A change of ownership requires a new application to be filed along with the \$25.00 fee. For example: A sole proprietor changing to a partnership or corporation is a change of ownership. **Retail sales tax rate is 5% (.05).**

**Out-of-State Use Tax** is a voluntary registration available to out-of-state businesses not meeting the conditions listed for retail sales tax. Upon registration for out-of-state use tax, the Department will issue an Out-of-State Use Tax Collection and Remittance Permit. This permit authorizes your business to collect Indiana Use Tax on sales shipped into Indiana. There is no fee associated with this registration.

**The use tax rate is 5% (.05).**

For businesses in Ohio, Illinois, Michigan, Minnesota, and Wisconsin, registration for an Out-of-State Use Tax Collection and Remittance Permit is required if sales are shipped into Indiana. These specified states and Indiana have entered into an agreement, the Great Lakes Compact, which requires this registration. If you have sales shipped into Indiana from a Kentucky business, registration for an Out-of-State Use Tax Permit is required.

**Line 1:** Enter the date or anticipated date selling activities will begin.

**Line 2:** Enter the dollar amount of your estimated monthly taxable sales. Wholesalers and manufacturers please enter zero (0). If this is left blank, you will be set up on a monthly filing status.

**Line 3:** If your business operates seasonally (only certain months of the year), check the box "yes." Following the box, check the months you are active. If you operate for more than nine (9) months in a calendar year, seasonal filing is not available.

**Lines 4 through 14:** Answer either "yes" or "no" as required and provide additional information as requested.

**Line 15:** If you want your sales tax returns sent to an address other than the address listed in Section A Line 3, enter the mailing address here.

### Section C

#### Withholding Tax Account: *No Fee*

The following section is to be completed if you have employees in your workplace subject to Indiana Adjusted Gross (State) Income Tax. Separate withholding registration is required for remitting withholding taxes on nonresident shareholders, partners or beneficiaries for distributions of income made one time each year. If you are registering for Withholding Tax, you must have a federal identification number or have applied for one.

There is no application fee for a withholding tax account. The withholding rates may be obtained from Departmental Notice # 1 (DN # 1) that will be mailed upon processing of the application.

Indiana employers must withhold Indiana state tax from employees who work in Indiana but are not residents of Indiana. The only exception is when an employee is a full year resident of one of the states that has entered into a reciprocal agreement with Indiana. Also, county income tax must be withheld at the nonresident rate if the Indiana county is the county of principal employment. See DN # 1 for rates and reciprocal states.

**Lines 1 & 2:** Answer either "yes" or "no" as required.

**Line 3:** The "accounting period year ending date" is the month and day your corporation closes its books. If you are on a calendar year, your accounting period date is 12/31. If you are on a fiscal year, the accounting period will be a date other than 12/31.

**Line 4:** Answer either "yes" or "no" as required.

**Line 5:** Enter the first month and year when wages will be paid.

**Line 6:** Enter dollar amount of anticipated monthly wages paid to your Indiana employees.

**Line 7:** If you want your withholding tax returns sent to an address other than the address listed in Section A Line 3, enter the mailing address here.

### Section D

#### Food & Beverage Tax Account: *No Fee*

The Food and Beverage Tax applies to the sales of food and beverages in adopting counties. To obtain an account, you must be registered for sales tax for the location on this application. To determine if the food and beverage tax applies to your business, contact your county auditor to see if your business location is in an adopting county.

**Line 1:** Enter the date of first sales of food and/or beverages from this location or enter the date you plan to begin catering or selling food or beverages.

**Line 2:** Answer "yes" or "no". If "no," your location county, as shown in Section A Line 9, must be an adopting Food & Beverage Tax County.

**Line 3:** Complete this line if Line 2 was answered "yes." Enter the name(s) of the adopting county(ies), municipality (i.e. city or town name) in which you will be selling food and/or beverages.

### Section E

#### County Innkeepers Tax Account: *No Fee*

The County Innkeepers Tax applies to the rental or leasing of hotel/motel rooms or accommodations for periods of less than thirty (30) days. To obtain an account for this tax, you must be registered for sales tax for the location on this application. To determine if this tax applies to your business, contact your county auditor to see if your location is in an adopting county, and if so, whether the tax is submitted to the state or to the county.

**Line 1:** Enter month and year when room rentals or accommodations will begin.



**INDIANA DEPARTMENT OF REVENUE**  
**POWER OF ATTORNEY**  
(Instructions on Back)

<b>1) Taxpayer(s) Name(s)</b>	<b>2) Indiana Taxpayer Identification Number</b>																		
DBA Name(s)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
Address	Employer Identification Number																		
City	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
State	Social Security Number																		
Zip Code	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
Telephone # (      )	Spouse's Social Security Number																		
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**3) Hereby appoint(s) the following : (If Firm or Corp, give Representative(s) Name)**

Firm/Corp/Individual Name	Representative(s)
Address	
City                      State                      Zip Code	
Telephone # (      )	
Firm/Corp/Individual Name	Representative(s)
Address	
City                      State                      Zip Code	
Telephone # (      )	

<b>4) Type of Tax</b>	<b>Year(s) / Period(s)</b>
_____	_____
_____	_____
_____	_____

**5) Said attorney(s) -in-fact shall (subject to revocation) have authority to receive confidential information and full power to perform on behalf of the undersigned all acts incidental to such representation:**

If signed by the Corporate Officer, Partners, or Fiduciary on behalf of the taxpayer, I certify that I have authority to execute this Power of Attorney on behalf of the taxpayer.

Signature  \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

Telephone # (      ) \_\_\_\_\_


**6) Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_ .**  
Year

My Commission Expires \_\_\_\_\_

Notary Public \_\_\_\_\_

County \_\_\_\_\_



 U.S. Department of Transportation Federal Highway Administration	<h1 style="margin: 0;">MOTOR CARRIER IDENTIFICATION REPORT</h1>
IF THE SPACE ABOVE IS BLANK OR THE INFORMATION THEREIN IS INCORRECT, PLEASE IDENTIFY YOUR COMPANY'S PRINCIPAL OFFICE IN THE SPACES BELOW.	
1. NAME OF MOTOR CARRIER/HM SHIPPER	
2. TRADE OR D.B.A. (DOING BUSINESS AS) NAME	
3. PRINCIPAL STREET ADDRESS/ROUTE NUMBER	
4. MAILING ADDRESS (P O BOX)	
5. CITY	6. STATE/PROVINCE 7. ZIP CODE+4
8. MAILING CITY	9. STATE/PROVINCE 10. ZIP CODE+4
11. COLONIA (MEXICO ONLY)	12. PRINCIPAL PHONE NUMBER
13. COLONIA (MEXICO ONLY)	14. PRINCIPAL FAX NUMBER
15. USDOT NO.	16. MC OR MX NO.
17. DUN & BRADSTREET NO.	18. IRS/TAX ID NO. EIN # SSN #
19. INTERNET E-MAIL ADDRESS	
20. CARRIER OPERATION (Circle One) A. Interstate B. Intrastate Only (Hazardous Materials) C. Intrastate Only (Non-Hazardous Materials)	
21. SHIPPER OF HAZARDOUS MATERIALS OPERATION (Circle One) A. Interstate B. Intrastate	
22. CARRIER MILEAGE (to nearest 10,000 miles for Last Calendar Year) YEAR	
23. OPERATION CLASSIFICATION (Circle All that Apply) A. Authorized For-Hire B. Exempt For-Hire C. Private (Property) D. Private Passengers (Business) E. Private Passengers (Non-Business) F. Migrant G. U.S. Mail H. Federal Government I. State Government J. Local Government K. Indian Tribe L. Other _____	
24. CARGO CLASSIFICATIONS (Circle All that Apply) A. GENERAL FREIGHT F. LOGS, POLES J. FRESH PRODUCE P. GRAIN, FEED, HAY V. COMMODITIES DRY BULK B. HOUSEHOLD GOODS BEAMS, LUMBER K. LIQUIDS/GASES Q. COAL/COKE W. REFRIGERATED FOOD C. METAL: SHEETS, COILS, ROLLS G. BUILDING MATERIALS L. INTERMODAL CONT. R. MEAT X. BEVERAGES BB. CONSTRUCTION H. MOBILE HOMES M. PASSENGERS S. GARBAGE, REFUSE, TRASH Y. PAPER PRODUCTS CC. WATER WELL D. MOTOR VEHICLES I. MACHINERY, N. OIL FIELD EQUIPMENT T. U.S. MAIL Z. UTILITY DD. OTHER E. DRIVE AWAY/TOWAWAY LARGE OBJECTS O. LIVESTOCK U. CHEMICALS AA. FARM SUPPLIES	
25. HAZARDOUS MATERIALS CARRIED OR SHIPPED (Circle All that Apply.) C - CARRIED S - SHIPPED B(BULK) - IN CARGO TANKS NB(NON-BULK) - IN PACKAGES C S A. DIV 1.1 B NB C S K. DIV 2.2A (AMMONIA) B NB C S U. DIV 4.2 B NB C S EE. HRCQ B NB C S B. DIV 1.2 B NB C S L. DIV 2.3A B NB C S V. DIV 4.3 B NB C S FF. CLASS 8 B NB C S C. DIV 1.3 B NB C S M. DIV 2.3B B NB C S W. DIV 5.1 B NB C S GG. CLASS 8A B NB C S D. DIV 1.4 B NB C S N. DIV 2.3C B NB C S X. DIV 5.2 B NB C S HH. CLASS 8B B NB C S E. DIV 1.5 B NB C S O. DIV 2.3D B NB C S Y. DIV 6.2 B NB C S II. CLASS 9 B NB C S F. DIV 1.6 B NB C S P. CLASS 3 B NB C S Z. DIV 6.1A B NB C S JJ. ELEVATED TEMP MAT B NB C S G. DIV 2.1 B NB C S Q. CLASS 3A B NB C S AA. DIV 6.1B B NB C S KK. INFECTIOUS WASTE B NB C S H. DIV 2.1LPG B NB C S R. CLASS 3B B NB C S BB. DIV 6.1POISON B NB C S LL. MARINE POLLUTANTS B NB C S I. DIV 2.1(METHANE) B NB C S S. COMB LIQ B NB C S CC. DIV 6.1SOLID B NB C S MM. HAZARDOUS SUB(RQ) B NB C S J. DIV 2.2 B NB C S T. DIV 4.1 B NB C S DD. CLASS 7 B NB C S NN. HAZARDOUS WASTE B NB C S OO. ORM B NB	
26. EQUIPMENT	Straight Trucks    Truck Tractors    Trailers    HazMat Cargo Tank Trailers    HazMat Cargo Tank Trucks    Motor coach <b>P A S S E N G E R S</b> School bus    Mini-bus/Van    Limousine
OWNED	
TERM LEASED	
TRIP LEASED	
27. DRIVERS SUBJECT TO FMCSR: INTERSTATE INTRASTATE 100-Mile Radius _____ 100-Mile Radius _____ TOTAL DRIVERS _____ Beyond 100-Mile Radius _____ Beyond 100-Mile Radius _____ TOTAL CDL DRIVERS _____	
28. CERTIFICATION STATEMENT (to be completed by an authorized official) I, _____, certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or the Federal Hazardous Materials Regulations. Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete. Signature _____ Date _____ Title _____	

## NOTICE

This collection of information is mandatory and is required by 49 CFR Part 385 and authorized by 49 U.S.C. 504 (1982 & Supp. III 1985). The Form MCS-150, Motor Carrier Identification Report, must be filed by all motor carriers operating in interstate or foreign commerce. A new motor carrier must file Form MCS-150 within 90 days after beginning operations, Exception: A motor carrier that has received notification of a safety rating from the Federal Highway Administration (FHWA) need not file the report. If you are a Hazardous materials shipper, but not a motor carrier, you are not required to file this report. This information will be used to identify motor carriers subject to the Federal Motor Carrier Safety and Hazardous Materials Regulations. Carriers may voluntarily update information using this report.

The public reporting burden for this collection of information on the Form MCS-150 is estimated by the FHWA to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Please note that an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is OMB No. 2125-0544. If you wish to comment on the accuracy of the estimate or make suggestions for reducing this burden, please direct your comments to the FHWA at the following address: Federal Highway Administration, OMC Motor Carrier Research & Standards, HCS-1, 400 7th Street SW, Washington, D.C. 20590.

To mail, fold the completed report so that the self-addressed postage paid panel is on the outside.

## INSTRUCTIONS FOR COMPLETING THE MOTOR CARRIER IDENTIFICATION REPORT (MCS-150)

(Please **Print** or **Type** All Information)

1. Enter the legal name of the business entity (i.e., corporation, partnership, or individual) that owns/controls the motor carrier/shipper operation.
2. If the business entity is operating under a name other than that in Block 1, (i.e., "trade name") enter that name. Otherwise, leave blank.
3. Enter the principal place of business street address where safety records are kept.
4. Enter mailing address if different from the physical address, otherwise leave blank. Also, applies to #8, #9, #10 & 13.
5. Enter the city where the principal place of business is located.
6. Enter the two-letter postal abbreviation for the State or the name of the Canadian Province/Territory or Mexican State corresponding with the physical address.
7. Enter the zip code + 4 number corresponding with the physical street address.
8. Enter the city corresponding with the mailing address.
9. Enter the two-letter postal abbreviation for the State or the name of the Canadian Province/Territory or Mexican State corresponding with the mailing address.
10. Enter the zip code + 4 number corresponding with the mailing address.
11. If a Mexican motor carrier or shipper, enter the Mexican "colonia" or "barrio" where the principal place of business is located.
12. Enter the telephone number, including area code, of the principal place of business.
13. If a Mexican motor carrier or shipper, enter the Mexican "colonia" or "barrio" corresponding with the mailing address.
14. Enter the Fax number, including area code, of the principal place of business.
15. Enter the identification number assigned to your motor carrier operation by the U.S. Department of Transportation, if known.
16. Enter the motor carrier "MC" or "MX" number under which the Federal Highway Administration (FHWA) or Interstate Commerce Commission (ICC) issued your operating authority, if appropriate.
17. Enter your Dun & Bradstreet business number (used as a secondary identifier; if you do not have one, leave blank).
18. Enter the employer identification number (EIN #) or social security number (SSN #) assigned to your motor carrier operation by the Internal Revenue Service.
19. Enter your Internet e-mail address, if you have one.
20. Circle the appropriate type of carrier operation.
  - A. Interstate
  - B. Intrastate, transporting hazardous materials (49 CFR 100-180).
  - C. Intrastate, **NOT** transporting hazardous materials.

*Interstate*—transportation of persons or property across State lines, including international boundaries, or wholly within one State as part of a through movement that originates or terminates in another State or country.

*Intrastate*—transportation of persons or property wholly within one State.

21. If you are both a motor carrier and hazardous materials shipper, circle the type of shipper operation.  
*Interstate & Intrastate*—See #20.  
 A. Interstate      B. Intrastate
22. Enter the carrier's total mileage to nearest 10,000 miles for the past calendar year, and the year of the mileage.
23. Circle appropriate classification. Circle **all** that apply. If "L. Other" is circled, enter the type of operation in the space provided.  
*Authorized For Hire*—transportation for compensation as a common or contract carrier of property, owned by others, or passengers under the provisions of the FHWA.  
*Exempt For Hire*—transportation for compensation of property or passengers exempt from the economic regulation by the FHWA.  
*Private (Property)*—means a person who provides transportation of property by commercial motor vehicle and is not a for-hire motor carrier.  
*Private Passengers (Business)*—a private motor carrier engaged in the interstate transportation of passengers which is provided in the furtherance of a commercial enterprise and is not available to the public at large (e.g., bands).  
*Private Passengers (Non-Business)*—a private motor carrier involved in the interstate transportation of passengers that does not otherwise meet the definition of a private motor carrier of passengers (business) (e.g., church buses).  
*Migrant*—interstate transportation, including a contract carrier, but not a common carrier of 3 or more migrant workers to or from their employment by any motor vehicle other than a passenger automobile or station wagon.  
*U.S. Mail*—transportation of U.S. Mail under contract with the U.S. Postal Service.  
*Federal Government*—transportation of property or passengers by a U.S. Federal Government agency.  
*State Government*—transportation of property or passengers by a U.S. State Government agency.  
*Local Government*—transportation of property or passengers by a local municipality.  
*Indian Tribe*—transportation of property or passengers by an Indian tribal government.  
*Other*—transportation of property or passengers by an operation classification not described above.
24. Circle **all** the letters of the types of cargo you usually transport. If "Other" is circled, enter the name of the commodity in the space provided.
25. Circle all types of hazardous materials (HM) you transport/ship. In the columns before the HM types, circle C for a carrier of HM and S for a shipper of HM. In the columns following the HM types, circle B if the HM is transported in bulk (over 119 gallons) and NB if the HM is transported in non-bulk (119 gallons or less). The HM types correspond to the classes and divisions listed in 49 CFR 173.2. Below are clarifications of some of the lettered codes:
- |  |   |
|--|---|
| H. Div 2.1 LPG - Liquefied Petroleum Gas                             | I. Div 2.1 (Methane) - Methane Gas                                      |
| K. Div 2.2A - Anhydrous Ammonia                                      | L. Div 2.3A - Poison Gas which is Poison Inhalation Hazard (PIH) Zone A |
| M. Div 2.3B - Poison Gas which is PIH Zone B                         | N. Div 2.3C - Poison Gas which is PIH Zone C                            |
| O. Div 2.3D - Poison Gas which is PIH Zone D                         | Q. Class 3A - Flammable Liquid which is PIH Zone A                      |
| R. Class 3B - Flammable Liquid which is PIH Zone B                   | S. Combustible Liquid   |
| Z. Div 6.1A - Poison Liquid which is PIH Zone A                      | AA. Div 6.1B - Poison Liquid which is PIH Zone B                        |
| BB. Div 6.1 Poison - Poison Liquid with no inhalation hazard         | CC. Div 6.1 Solid - Poison Solids                                       |
| EE. HRCQ - Highway Route Controlled Quantity of Radioactive Material | GG. Class 8A - Corrosive Liquid which is PIH Zone A                     |
|  | HH. Class 8B - Corrosive Liquid which is PIH Zone B                     |
- Note: Information on Poison Inhalation Hazards is found in column (7) of the hazardous materials table (49 CFR 172.101)
26. Enter the total number of vehicles owned, term leased and trip leased, that are, or can be, operational the day this form is completed.  
 Passenger vehicles are defined as:  
*Motor coach*—a vehicle designed for long distance transportation of passengers, usually equipped with storage racks above the seats and a baggage hold beneath the passenger compartment.  
*School Bus*—a vehicle designed and/or equipped mainly to carry primary and secondary students to and from school, usually built on a medium or large truck chassis.  
*Mini-bus/Van*—a multi-purpose passenger vehicle with a capacity of 10-24 people, typically built on a small truck chassis.  
*Limousine*—a passenger vehicle usually built on a lengthened automobile chassis.
27. Enter the number of interstate/intrastate drivers used on an average work day. Part-time, casual, term leased, trip leased and company drivers are to be included. Also, enter the total number of drivers and the total number of drivers who have a Commercial Drivers License (CDL).  
*Interstate*—driver transports people or property across State lines, including international boundaries, or wholly within one State as part of a through movement that originates or terminates in another State or country.  
*Intrastate*—driver transports people or property wholly within one State.  
*100-mile radius driver*—driver operates only within a 100 air-mile radius of the normal work reporting location.
28. Print or type the name, in the space provided, of the individual authorized to sign documents on behalf of the entity listed in Block 1. That individual must sign, date, and show his or her title in the spaces provided (Certification Statement, see 49 CFR 390.19).

## Heavy Highway Vehicle Use Tax Return

For the period July 1, 2000, through June 30, 2001

- **Attach both copies of Schedule 1 to this return.**  
► **See the separate instructions.**

Keep a copy of this  
return for your records.

OMB No. 1545-0143

<b>Please Type or Print</b>	Name	Employer identification number	<b>FOR IRS USE ONLY</b>
	Address (number, street, and room or suite no.)		
	City, state, and ZIP code (For Canadian or Mexican addresses, see instructions.)		
<b>Check here if:</b>			
<b>Address change</b> <input type="checkbox"/>			<b>T</b> .....
<b>Final return</b> <input type="checkbox"/>			<b>FF</b> .....
			<b>FP</b> .....
			<b>I</b> .....
			<b>T</b> .....

### Part I Figuring the Tax

1	Was the vehicle(s) reported on this return used on public highways during <b>July 2000</b> ? If YES, enter <b>200007</b> in the boxes to the right. If NO, see the instructions on page 3 ►	1	Y	Y	Y	Y	M	M
2	<b>Total tax.</b> Enter the total amount from page 2, column (4), categories A through V . . .	2						
3	<b>Additional tax</b> from increase in taxable gross weight. See the instructions on page 3 ►	3						
4	<b>Credits.</b> See the instructions on page 3. Attach statement . . . . . ►	4						
5	<b>Tax as adjusted.</b> Add lines 2 and 3, then subtract line 4 from the total. This is the amount you owe. If paying in installments, go to line 6 . . . . . ►	5						
6	<b>Installment payment.</b> See the instructions on page 6 . . . . .	6						

### Part II Statement in Support of Suspension (Complete the statements that apply. Attach additional sheets if needed.)

- 7 I declare that the vehicles listed in Part II of Schedule 1 are expected to be used on public highways (check the boxes that apply):  
☐ 5,000 miles or less ☐ 7,500 miles or less for agricultural vehicles  
during the period July 1, 2000, through June 30, 2001 and are suspended from the tax. Complete and attach Schedule 1, Part II.
- 8a I declare that the vehicles listed as suspended on Form 2290 filed for July 1, 1999, through June 30, 2000, were not subject to the use tax for the period except for any vehicles listed on line 8b. **Check this box if applicable.** ► ☐
- b Vehicle identification numbers .....
- 9 I declare that vehicle identification numbers .....  
were listed as suspended on Form 2290 filed for July 1, 1999, through June 30, 2000. These vehicles were transferred to ..... on .....  
At the time of the transfer, the vehicles were still eligible for the suspension of the tax. (Attach a separate list if needed.)

**Sign  
Here**

Under penalties of perjury, I declare that I have examined this return, and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

► Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Please type or print name below signature.) Telephone number ( ) \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 112500

Form **2290** (Rev. 7-2000)

Detach here

## Payment Voucher

For the period July 1, 2000, through June 30, 2001  
See the **Voucher Instructions** on page 6.

OMB No. 1545-0143

- **Do not staple or attach this voucher or your payment to your return.**

1 Amount of the payment you are making  \$ .	2 The first four letters of your last name or your business name / / / /	3 Employer identification number / / / /
4 Enter date as shown on line 1 of Form 2290. Y Y Y Y M M	5 Name Address City, state, and ZIP code (For Canadian or Mexican addresses, see instructions.)	
Send Form 2290, this voucher, and payment to: Internal Revenue Service P.O. Box 6229 Chicago, IL 60680-6229		

**Tax Computation**

Category	Taxable Gross Weight (in pounds)	(1) Annual rate (vehicles used during July)		(2) Partial-period rate (vehicles first used after July) (See the tables on page 5 of the separate instructions.)		(3) Number of vehicles		(4) Amount of tax (col. (1) or (2) times col. (3))
		(a) Vehicles Except Logging or Canadian/ Mexican*	(b) Logging or Canadian/ Mexican* Vehicles	(a) Vehicles Except Logging or Canadian/ Mexican*	(b) Logging or Canadian/ Mexican* Vehicles	(a) Vehicles Except Logging or Canadian/ Mexican*	(b) Logging or Canadian/ Mexican* Vehicles	
<b>A</b>	55,000	\$100.00	\$75.00	\$	\$			\$
<b>B</b>	55,001 – 56,000	122.00	91.50					
<b>C</b>	56,001 – 57,000	144.00	108.00					
<b>D</b>	57,001 – 58,000	166.00	124.50					
<b>E</b>	58,001 – 59,000	188.00	141.00					
<b>F</b>	59,001 – 60,000	210.00	157.50					
<b>G</b>	60,001 – 61,000	232.00	174.00					
<b>H</b>	61,001 – 62,000	254.00	190.50					
<b>I</b>	62,001 – 63,000	276.00	207.00					
<b>J</b>	63,001 – 64,000	298.00	223.50					
<b>K</b>	64,001 – 65,000	320.00	240.00					
<b>L</b>	65,001 – 66,000	342.00	256.50					
<b>M</b>	66,001 – 67,000	364.00	273.00					
<b>N</b>	67,001 – 68,000	386.00	289.50					
<b>O</b>	68,001 – 69,000	408.00	306.00					
<b>P</b>	69,001 – 70,000	430.00	322.50					
<b>Q</b>	70,001 – 71,000	452.00	339.00					
<b>R</b>	71,001 – 72,000	474.00	355.50					
<b>S</b>	72,001 – 73,000	496.00	372.00					
<b>T</b>	73,001 – 74,000	518.00	388.50					
<b>U</b>	74,001 – 75,000	540.00	405.00					
<b>V</b>	Over 75,000	550.00	412.50					
<b>Totals.</b> Add the numbers of vehicles in columns (3a) and (3b). Enter the total here and on Schedule 1, Part III, line a. Add the amounts in column (4). Enter the total here and on line 2 . . . . .								\$
<b>W</b>	Tax-Suspended Vehicles (See Part II instructions on page 4.)							

**Complete both copies of Schedule 1 (Form 2290) on page 4 and attach them to Form 2290.**

\* See the separate instructions on page 8 for information on reduced rates for logging and Canadian/Mexican vehicles.

## Schedule of Heavy Highway Vehicles

For the period July 1, 2000, through June 30, 2001

OMB No. 1545-0143

Complete both copies of Schedule 1 and attach them to Form 2290.

Please Type or Print	Name as shown on Form 2290	Employer identification number	<b>FOR IRS USE ONLY</b>  T ..... FF ..... FP ..... I ..... T .....
	Address (number, street, and room or suite no.)		
	City, state, and ZIP code (For Canadian or Mexican addresses, see instructions.)		

**Caution:** You must list *all* vehicles. Attach a separate list if needed.

**Part I Vehicles on Which You Are Reporting Tax.** See the instructions.

	Vehicle Identification Number	Category		Vehicle Identification Number	Category
1		7			
2		8			
3		9			
4		10			
5		11			
6		12			

**Part II Vehicles for Which Tax Is Suspended—5,000 Miles or Less (7,500 or Less for Agricultural Vehicles).** See the instructions.

	Vehicle Identification Number	Category		Vehicle Identification Number	Category
1		W	2		W

**Part III Summary of Reported Vehicles**

a	Enter the total number of taxable vehicles from page 2, column 3 (categories A–V).	
b	Enter the total number of taxable vehicles on which the tax is suspended from page 2, column 3 (category W).	

For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Schedule 1 (Form 2290) (Rev. 7-2000)

Do not cut or separate the forms on this page.

## Schedule of Heavy Highway Vehicles

For the period July 1, 2000, through June 30, 2001

OMB No. 1545-0143

This copy will be stamped and returned to you for use as proof of payment when registering vehicle(s) with a state.

Please Type or Print	Name as shown on Form 2290	Employer identification number
	Address (number, street, and room or suite no.)	
	City, state, and ZIP code (For Canadian or Mexican addresses, see instructions.)	

**Caution:** You must list *all* vehicles. Attach a separate list if needed.

**Part I Vehicles on Which You Are Reporting Tax.** See the instructions.

	Vehicle Identification Number	Category		Vehicle Identification Number	Category
1		7			
2		8			
3		9			
4		10			
5		11			
6		12			

**Part II Vehicles for Which Tax Is Suspended—5,000 Miles or Less (7,500 or Less for Agricultural Vehicles).** See the instructions.

	Vehicle Identification Number	Category		Vehicle Identification Number	Category
1		W	2		W

**Part III Summary of Reported Vehicles**

a	Enter the total number of taxable vehicles from page 2, column 3 (categories A–V).	
b	Enter the total number of taxable vehicles on which the tax is suspended from page 2, column 3 (category W).	

For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Schedule 1 (Form 2290) (Rev. 7-2000)

# Thank You For Keeping Indiana Highways Safe

